

A BUDDHIST APPROACH TO HIV PREVENTION AND AIDS CARE

A TRAINING MANUAL

FOR MONKS, NUNS AND OTHER BUDDHIST LEADERS

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May the teachings, which are the sole medicine for suffering
and the origin of every joy,
be materially supported and honoured
and abide for a very long time.

Santideva

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PREFACE

At the time of his birth, it was predicted that Prince Siddattha would become a Universal Monarch or a Buddha. To prevent him leaving the palace and to ensure his royal inheritance, Prince Siddattha's father, King Suddhodana, provided his son with all the worldly comforts and luxuries he could possibly need. Thus, Prince Siddattha grew up in the confines of the palace, ignorant of worldly suffering.

At the age of 29, the young prince, desirous of seeing life outside the palace walls, left his palatial surroundings and went into the city gardens where he saw a sick man, an old man and a corpse.

Although suffering had always been present, it was only then that he became aware of its existence.

On a second visit outside the palace walls, Prince Siddattha beheld a holy man, calm and peaceful, and realized that there must be a way out of suffering. Determined to find the path, he left his life of luxury to become a seeker of truth.

After years of practice and seeking, he eventually penetrated the truth and became enlightened to the realities of life.

His enlightenment brought with it the realization of the Four Noble Truths – suffering *(Dukkha)*, the cause of suffering *(Samudhaya)*, the cessation of suffering *(Nirodha)* and the path leading to the cessation of suffering *(Magga)*.

Just as Prince Siddattha was unaware of the existence of suffering prior to his visit outside the palace walls, most people are unaware of the suffering brought about by HIV and AIDS. They see HIV and AIDS as a problem affecting only the person who has been infected with the virus and they continue to lead their lives blinded by worldly delights and pleasures.

By using the Buddhist approach and putting HIV and AIDS into the framework of the Four Noble Truths, we can understand the suffering related to HIV and AIDS. We can see that there is a cause for the suffering of HIV and AIDS and that there is a path that leads to the cessation of this suffering.

This manual shows how the Buddhist approach can be used to respond to the crisis of HIV and AIDS, helping to prevent the spread of HIV and alleviate the suffering it causes.

It is hoped that its value will be recognized and that it will benefit all who are suffering from HIV and AIDS, either directly or indirectly, and help them to find their way out of that suffering.

By Lawrence Maund, Sangha Metta, Thailand

ACKNOWLEDGEMENTS

This training manual is based on the training approach developed by Sangha Metta, in Chiang Mai, Thailand. Sangha Metta has been involved in training monks, nuns, novices and lay leaders in Thailand and other countries in South and East Asia. This approach has also been adapted and used successfully with other religious leaders, including Christians, Hindus and Muslims. The manual contains the contributions of many Buddhist participants from seminars held in Thailand, Viet Nam, Myanmar, Bhutan, Cambodia, Mongolia, China, Lao PDR, Nepal and Sri Lanka. Thanks are also due to the *Metta Dhamma* Project in Lao PDR for the posters shown on pages ix, 7, 13, 19, 27, 63 and 82, which are the work of Lao art students and monks who contributed to the "Buddhist Compassion: Hope and Help for people with HIV and AIDS" exhibition.

The research and publication of this manual was made possible by generous contributions from the Parthenon Trust via the United Kingdom National Committee for UNICEF and from the Luxembourg National Committee for UNICEF. Sangha Metta is also grateful to Shantha Bloemen and Wassana Kulpisitthicharoen of UNICEF East Asia and the Pacific Regional Office (EAPRO) who worked hard to facilitate the publication process.

Sangha Metta would like to thank all the Buddhist monks, novices, nuns and laity whose experiences have contributed to the development of this manual, and especially Phra Athikarn Sommai Bunyakammo for his support to Sangha Metta over many years.

FOREWORD

In many countries of East Asia and the Pacific the ‘heart of the community’ is the place of worship, be it a mosque, temple, church or other sacred site. This is certainly true of Buddhist communities in Cambodia, Lao PDR, Mongolia, Myanmar, Thailand, Viet Nam and of Yunnan, the southernmost province of China. It is equally true that in the countries most affected by HIV and AIDS to date, religious leaders have taken a leading role in providing services to those affected, in caring for the ill, for those orphaned and widowed and in reducing community stigma and discrimination.

In the early nineties, Thai Buddhist monks, like Phra Athikarn Sommai Chan Luang, responded to the crisis of death and loss in their communities with home visiting, spiritual counselling, herbal medicines and material support. A few monks even set up hospices or respite care centres. The majority, however, worked to support local families to care for their sick and dying members at home and, thereafter, to share the burden of caring for those left behind, the orphaned and elderly. Impressed by the work of these Thai monks, the NGO Sangha Metta, with support from UNICEF, dedicated itself to sharing these lessons with others seeking to expand the response of Thai monks to the epidemic.

In 1999 UNICEF supported the training of Dai Buddhist monks in Yunnan, China by Sangha Metta with the aim of replicating the Thai experience in other countries. This was the genesis of the UNICEF Buddhist Leadership Initiative which, in partnership with national Buddhist associations and ministries or departments of religion in each country, has generated ongoing Buddhist HIV/AIDS programmes in Cambodia, Lao PDR, Viet Nam, Yunnan (China), Mongolia and Myanmar.

Throughout the life of the Buddhist Leadership Initiative, Sangha Metta has played an important role in providing orientation training for monks and nuns. The training provided by Sangha Metta – encapsulated in this very manual – has proved most successful in enabling monks and nuns to understand their role within a Buddhist paradigm and in motivating them to take on the tasks of reducing stigma and increasing access to care for people with HIV and AIDS, as well as building community resilience to HIV.

It is with great pleasure that I commend this manual to you as an inspiration and a guide to involving Buddhist leaders in the HIV/AIDS response at all levels. The *Buddhist Approach to HIV Prevention and AIDS Care* is the product of thoughtful reflection on Buddhist values and teachings in the living context of the HIV/AIDS epidemic. It is my hope that the process detailed in this volume will be the first step in scaling up a Buddhist response to HIV and AIDS in your country, and in high HIV-prevalent localities. It is in the actions of people of faith that we will find the living testimony of our care for one another.

Anupama Rao Singh
Regional Director
UNICEF East Asia and Pacific
Regional Office

Loving-kindness well practiced
brings happiness at all times
no matter whether you are
sleeping or awake.

The Buddha


ກຳລັງໃຈ

1. INTRODUCTION

About this manual

This manual has been designed to help facilitators to conduct workshops with Buddhist monks, nuns, novices, lay teachers and other leaders on the issues of HIV and AIDS. The workshop sessions apply Buddhist teachings to understand the suffering and challenges of communities facing the crisis of HIV and AIDS. It is based on the experience of working with and training Buddhist leaders in countries throughout South and South-East Asia.

The manual is divided in six parts:

- Introduction
- Background to Buddhist Leadership Initiative
- Overview of training
- Buddhist teachings and HIV and AIDS
- Participatory workshop sessions
- Appendices with resource materials

Each country and community will face a unique set of challenges and opportunities in dealing with the impacts of HIV and AIDS. The training ideas in this manual should be viewed as offering a resource, a collection of ideas. Those planning and facilitating workshops should take and adapt these ideas to their own context, building on their own experience and creativity.

Purpose of this training

The HIV/AIDS pandemic has reached critical proportions in communities throughout South and South-East Asia. In recent years, Buddhist monks, nuns, novices and lay teachers have played an increasingly important role in leading their communities to take action on both prevention and care in relation to HIV and AIDS. In other places, monks and nuns want to help but are not sure what they should do. A Buddhist approach to training has played a vital part in mobilizing monks and nuns, enabling them to understand the nature of HIV and AIDS and their role in the context of Buddhist teachings.

In the past, training on HIV and AIDS for religious leaders has tended to focus only on scientific information. While this is important, it is only one part of the training religious leaders need in order to participate in the response to HIV and AIDS. Training for monks and nuns needs to address the issues of HIV and AIDS in a faith-based framework. This manual provides background information and exercises to use in a training workshop. It aims to enable monks and nuns to consider how they can lead their communities in

action to prevent the spread of HIV and its negative impacts, to offer care and support and to promote compassion for those living with HIV and AIDS and/or their families.

WORKSHOP OBJECTIVES

By the end of the workshop the participants will have been helped to:

1. Understand the nature of HIV and AIDS through the Buddhist approach, using the framework of the Four Noble Truths and other Buddhist teachings.
2. Understand the different aspects of HIV and AIDS, including the social, cultural and economic causes and impacts, as well as correct scientific facts about the virus, its transmission and health outcomes.
3. Recognize the reality of HIV and AIDS as a socio-economic crisis and understand its potential impact on their communities.
4. Feel motivated to accept HIV and AIDS activities for prevention and care as part of their religious practice and community development activities.
5. Identify the specific roles they can play in HIV and AIDS prevention and care, in collaboration with other community resources.
6. Devise plans and strategies to conduct temple-based or temple-supported HIV and AIDS prevention and care activities in their own communities.

Who is the training for?

The workshop is designed for monks, novices, nuns and lay Buddhists who have previously been ordained or have studied the key teachings of the Buddha and who are active in their local communities. As the workshop requires a level of familiarity with the key Buddhist texts and terms, it may not be suitable for lay Buddhists who have not been ordained or those only ordained for very short periods of time.

The selection of monks and nuns for training should also consider their potential for carrying forward activities related to HIV and AIDS. It is strongly recommended that at least two participants come from each community or temple so that they can support each other's efforts on their return.

The participatory activities in this workshop are designed for groups of about 25 participants.

Planning a workshop

Organizers should bear in mind that Buddhist clergy have their own calendar, which includes holy days based on the lunar calendar and other Buddhist holidays, such as Makha Puja, Visakha Puja, Asalaha Puja and the Buddhist Rains Retreat. When planning the workshop, try to avoid these days. Consult with the religious leadership to find out the most appropriate dates.

*He who desires long life, wealth,
happiness and spiritual knowledge
should study the profound teachings
and strive to liberate all beings from
the miseries of ignorance and disease.*

In many countries, government departments of religion are ultimately responsible for activities conducted by religious groups. In relation to Buddhism, governments usually work closely with national Buddhist associations. Consult with the relevant authorities in the planning phase. This will also be useful advocacy for future initiatives. It may be appropriate to invite some representatives to the opening or closing session. In any case, senior monks and nuns and the national HIV/AIDS programme officers should be advised and involved in the planning. Also involve any key non-government organizations (NGOs) working on issues of HIV and AIDS, and consult with people living with HIV.

Facilitators and resource persons

The organizers will need to ensure that facilitators and resource persons have the following range of skills. It may be that some individuals can serve in more than one of these roles. Meet with the facilitators and resource persons before the workshop to clarify their roles.

Workshop facilitators: One or two facilitators are required. They need to be skilled in participatory training methods, even though the training process is explained here in full. They will also need to be sensitive to the particular context of working with Buddhist clergy. It will be important to show proper respect to the monks and nuns. However, facilitators should not feel reluctant to talk about sensitive topics, such as sexual transmission. Where possible, use religious terms or Pali/Sanskrit. When working with nuns, it is sometimes easier to have a female facilitator to discuss sensitive issues.

Health educators: Health educators can explain the scientific facts on HIV transmission and the impact of the virus on the immune system, as well as the effect of new antiretroviral (ARV) treatments. They can be from the national or provincial AIDS authorities or the ministry of health, or from NGOs working on HIV and AIDS issues. Preferably they should come from the community in which the workshop is being held. The organizers may plan a session on the facts about HIV and AIDS either before the workshop or incorporate it into the workshop. In any case, it is necessary to have a health educator available throughout the workshop to answer any technical questions from participants.

Buddhist religious teachers – lay or ordained: Religious teachers are needed to read, understand and reflect on the *Dhamma* teachings and the commentaries applying these to HIV and AIDS, to adapt them as needed, and to present them to the participants in the workshop sessions. The Buddhist *Dhamma* is the core element in this training, so it is important to find a respected ordained or lay facilitator who can clearly present sometimes complex concepts, known by their Pali/Sanskrit terms, and relate these to the context of HIV and AIDS.

Representatives of people living with HIV: Having one or more people living with HIV attend the workshop and speak to the participants would make a valuable contribution. If possible, such representatives should be from the community where the workshop is being conducted. If there are no such persons locally, organizers should consider inviting someone from a neighbouring province or even a neighbouring country. These resource persons could be present throughout the workshop. In particular, they have a specific role in Session 8. If it is difficult to get someone living with HIV to come to the workshop, organizers might use media materials in which people with HIV speak for themselves, such as the 'With Hope and Help' series, which is available from UNICEF regional and country offices.

An agency, committee or individuals to be responsible for follow-up support: This is necessary to help the monks, nuns and others who participate in the workshop get started in mobilizing their communities to respond to the HIV and AIDS crisis. This could be a dedicated committee with a multi-sector composition, the national Buddhist association or a similar body, a government department, a mass organization or an NGO. A representative of this organization should be present at least at the opening and closing ceremonies.

Practical preparations

Tab 5 of this *Training Manual* ("Participatory Workshop Sessions") provides detailed steps for facilitation, including the preparations and materials

required. It will be necessary to find out what particular needs the participants may have for practical arrangements, for eating and meditating, etc. This will also affect the timing of the sessions.

Checklist for materials needed for the workshop:

- Registration package for each participant, including a welcome letter from the workshop organizers, a workshop agenda, a list of participants, a set of locally available health education materials about HIV and AIDS and a list of contact details for local and national organizations engaged in HIV/AIDS programmes.
- Marker pens of different colours (at least 30 black pens).
- Flip-chart paper or other large sheets for group work.
- If available, cards – rectangle, oval and round cards of different sizes and colours – can be used for group work as an alternative to flip charts.
- Pens and writing pads for participants.
- Masking tape to fix paper to walls.
- Display boards (at least five). All group work will be mounted on boards and the walls.
- Posters on HIV and AIDS to be placed on the walls.
- Flip chart (or projection equipment) for presentation on Buddhist teachings in Session 3 and on monks' and nuns' activities in Session 6.
- Materials for optional energizers: ball of string, 8 cloths for blindfolds.

Planning a field trip: A field trip provides a very positive opportunity for the participants to be sensitized to the situation of people living with HIV and AIDS. This may be done before or after the workshop, or may be incorporated within Session 8, if there is time.

The field trip could be to a local organization or a temple with an HIV/AIDS programme or to visit the homes of people living with HIV and AIDS. As well as any formal presentations, there should be an opportunity for informal small group discussions. If appropriate, a budget could be provided to the people living with HIV to be visited to prepare a meal or some refreshments for the participants, as a sign of social inclusion.

Thematic issues

Gender perspective: Women and girls are particularly vulnerable to HIV infection in both the biological and the socio-economic perspective. In cultures where women may have less negotiating power in relationships, they are more vulnerable to abuse and exposure to HIV. Once infected, girls and women may suffer even greater discrimination than men because of their social roles and conditioning. Young men are also at risk due to different social pressures, particularly peer pressure, to engage in high-risk behaviours. Women may in turn bear the main burden in caring for the sick in their families. Any discussion of HIV and AIDS needs to reflect the different experiences and perspectives of females and males. Likewise, it is important to highlight positive role models for both genders as well as to have both nuns and monks involved in this effort. For example, it is important to encourage girls and women living with HIV to become actively involved in community work.

If at all possible, emphasis should be given to training nuns as well as monks and novices, so to ensure the inclusion of female Buddhist leaders. Already, nuns and other female leaders have played a significant role in supporting women, for example in providing safe houses for women suffering from domestic violence.

Focus on children and young people: This training process also pays particular attention to the impact of HIV and AIDS on children and young people. It is vital that children and youth remain central to any discussion about community action on HIV and AIDS, because the impact on them can be devastating. Children and young people can also be involved as active participants in community activities, learn about HIV and AIDS and support each other to keep safe and to cope with the impact of the disease on their families. Children and young people can play an active role in confronting ignorance and discrimination in their peer group, promoting a more caring and inclusive environment for all. In some countries, novice monks, who are often in the same age group as affected children, have received

special training as peer educators and youth spiritual leaders. Appendix 5 raises issues of child rights and protection in the context of HIV and AIDS.

Using positive language and images about HIV and AIDS: The language and images used for talking about HIV and AIDS need to be sensitive and accurate to avoid creating any misunderstandings or inadvertently contributing to stigma and discrimination. Careless or wrong use of language can stigmatize people or their behaviour and encourage a culture of 'blaming' people for their HIV infection. It can also carry 'hidden' messages. For example, talking about the 'war' or the 'fight' against AIDS may lead to hostile views of people living with HIV and AIDS. Inaccurate language can also mislead people on facts.

If people always hear negative messages and see negative images about HIV and AIDS, they may not want to talk about it at all. People living with HIV and AIDS may feel blamed and pushed to the margins of society. This will have an impact on their level of involvement in community activities and consequently on their emotional, spiritual and physical well-being. Those children whose parents are sick or have died may also feel a sense of shame and guilt. Clear and correct use of language encourages an open discussion of the issues and helps people not to judge others or themselves. Positive language and images also help to promote a more supportive environment and encourage people living with HIV to become involved in community action.

A GUIDE TO LANGUAGE ON HIV AND AIDS

These guidelines reflect current usage in English. Discuss what terms are sensitive and correct in your language for talking about HIV and AIDS.

DO	Use 'HIV' to refer to the virus that is transmitted.
DO	Use 'AIDS' to describe the condition where a person becomes seriously ill due to an underlying HIV infection.
DON'T	Use 'HIV' and 'AIDS' interchangeably. Distinguish between infection with the virus and AIDS-related illness.
DO	Say someone is 'HIV-positive' if he/she has taken a test that shows that he/she has the virus.
DON'T	Say someone is a 'patient' unless he/she is sick in bed or in hospital.
DON'T	Use terms such as 'AIDS victims' and 'HIV sufferers'; instead, use the term 'people living with HIV' or 'living with the virus' (which do not stigmatize people).
DO	Say an 'HIV test' (which checks for antibodies against the HIV virus). It is not an 'AIDS' test.
DON'T	Refer to 'high-risk groups', as this stigmatizes people; instead, refer to high-risk behaviours.

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2. BACKGROUND TO THE BUDDHIST LEADERSHIP INITIATIVE

The Regional Buddhist Leadership Initiative involves Buddhist monks, nuns, novices and lay teachers in promoting activities on prevention and care of HIV and AIDS in their communities. The initiative aims to build the skills and capacity of the Buddhist leadership to promote care and compassion for people living with or affected by HIV and AIDS, to build strong communities to prevent the spread of HIV and to minimize its impacts.

Throughout Asia, Buddhist monks, novices and nuns are building stronger communities by educating children, youth and other community members about HIV and AIDS and about wholesome and responsible behaviours. They are also addressing the socio-economic problems that make people vulnerable to HIV, including drug and alcohol problems and the migration of young people to cities for education and work.

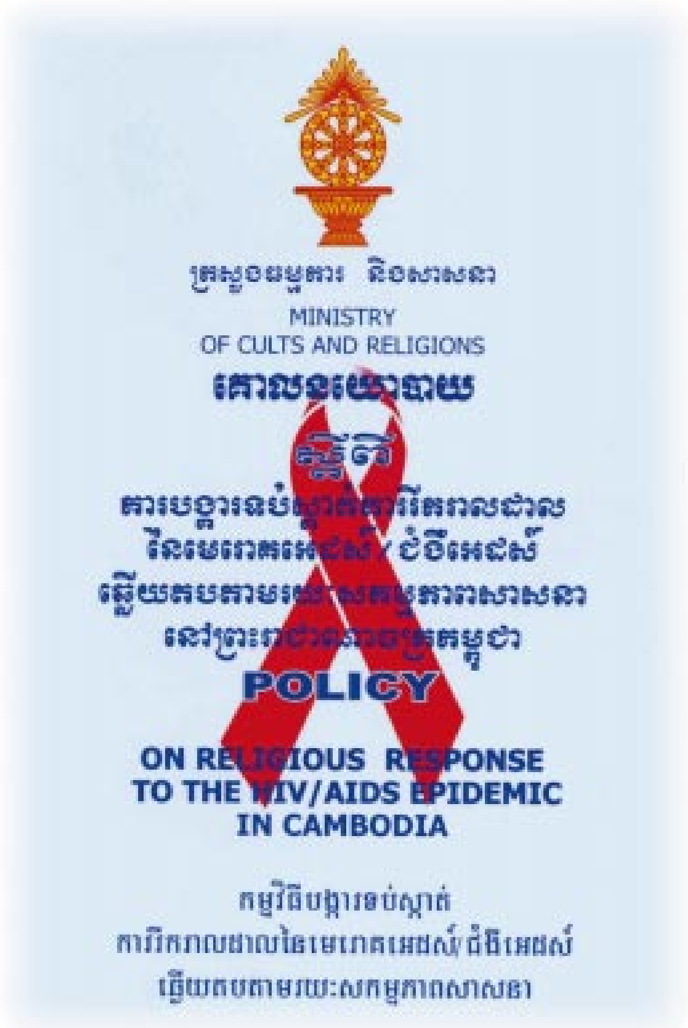
In communities where there are already people living with HIV and AIDS, monks and nuns help to ensure that these people get the support and care that they need, especially when they are sick or vulnerable. They teach meditation and provide emotional and spiritual guidance as well as ceremonial religious support. They also offer practical support, including providing food, traditional herbal medicines and places for peer-support groups to meet. The monks and nuns also support the families of people with HIV and orphans. These children are generally best looked after by family members in their own communities. Orphaned boys with no relatives to care for them have been ordained as novices or live as temple boys. In some cases, nuns take care of orphaned and other affected girls.

Where individuals and their families are experiencing discrimination from the community, the monks and nuns teach and demonstrate compassion to overcome prejudice. They achieve this through one-to-one talks, as well as through sermons and teaching. They also encourage families to overcome their fears and to care for sick family members at home. They demonstrate that they themselves do not discriminate by visiting the homes of people living with HIV and AIDS, by talking with them, reciting scriptures, blessing them and sometimes eating with them. These activities have been able to dramatically reduce the stigmatization of people living with HIV.

The Buddhist Leadership Initiative has been developed by governments and religious authorities in Bhutan, Cambodia, China, Lao PDR, Mongolia, Myanmar, Thailand and Viet Nam in collaboration with UNICEF. In each country, the nature of the work has varied, depending on the national context and the nature of the HIV/AIDS epidemic. In most of these countries the religious authorities work closely with the government.

In some countries, the government has created a national policy or guidelines for the response of the religious leadership to HIV and AIDS.

The lessons learned from the initiatives in different countries are shared across the region through seminars and study tours.





Our body is precious.
It is a vehicle of awakening.
By clinging to it, however,
we never see it for what it is.

The Tantras


ຄວາມອົບອຸ່ນຂອງເມດຕາທັມ
ຕໍ່ຜູ້ທີ່ຕົກທຸກໄດ້ຍາກ...
ຕໍ່ຜູ້ທີ່ໝົດກຳລັງໃຈ...

3. OVERVIEW OF TRAINING

The participatory approach

This training manual has been developed out of a model used in Thailand by the Sangha Metta Project, which has been adapted for work with monks, nuns and lay teachers in other countries. The Sangha Metta Project has provided a resource for ideas, training and technical assistance throughout this initiative. Its participatory training process is focused on applying Buddhist teachings to gain an understanding of the suffering caused by HIV and AIDS and to discern how monks and nuns can work together with their communities to respond to the AIDS crisis.

This workshop uses a participatory approach to involve the participants in studying, analysing and evaluating their communities' problems and resources. This approach to studying problems and identifying solutions has long been used in Buddhist societies. In fact, the Buddha himself used the participatory approach more than 2,500 years ago when teaching the Dhamma to his followers. In addition to teaching through direct discourse, the Buddha often taught by using questions to stimulate his followers to think about the problem they were facing and to come up with answers. He also taught by giving his disciples activities or setting tasks that they could participate in and learn from.

The Buddha taught through questions and answers, for example, in the case of the kings of the Sakya and the Kaliya nations who were on the verge of going to war over ownership of the river Rohini. In the case of Nang Kisakhotami, who could not come to terms with the death of her one and only child, the Buddha set her a task from which she learned that death is a natural part of life and that sooner or later everyone must die.

The Buddha encouraged those who came to hear his teachings and came to him with their problems to think for themselves, to analyse the situation and find solutions. In this workshop, we have also tried to use a combination of methods to maximize learning opportunities for participants.

Workshop outline

The first aim of this workshop is to establish a correct understanding of HIV and AIDS, including its socio-economic impacts on the community and on development. This is viewed within a Buddhist paradigm: the Four Noble Truths. Through a process of analysis based on the Four Noble Truths, monks and nuns are led to identify their own role and plan future activities to assist their communities in HIV and AIDS prevention and care.

There are two possible formats for this workshop: a three-day or a five-day workshop. However, the key exercises on the Four Noble Truths and the core process of progressive analysis remain the same. In the five-day workshop, more time is allowed for the participation of people with HIV, for reflection on the role of monks and nuns, and the development of an action plan.

Ideally the five-day workshop format should be used, because this allows time for the participants to understand the issues and to relate them to their own contexts. Suggested agendas for the five-day and three-day workshop formats are given in Appendices 1 and 2.

Understanding HIV and AIDS from a Buddhist perspective

Understanding the scientific facts: Participants must have a clear understanding of the basic facts about HIV and AIDS. In the workshop, Session 2 deals with the basic issues. Depending on the participants' level of awareness, a one-or two-day training may be also be required before the workshop. People learn the facts on HIV and AIDS best if they are presented in a participatory format. An NGO experienced in running exercises on HIV and AIDS education or the local health authorities may be able to help in this process. Some participatory exercises to learn about HIV transmission are included on the CD-Rom accompanying this manual. Basic fact sheets on HIV and AIDS are included in Appendix 3. Workshop organizers should also be able to get leaflets or other material from your national AIDS programme or local hospital or office of public health.

Understanding the socio-economic aspects of HIV and AIDS: Initially many people, including religious teachers and leaders, think of HIV and AIDS as a health problem for doctors or as an issue of individual 'morality'.

It is important that religious leaders understand that HIV and AIDS present the potential for a social and economic crisis that:

- affects the whole of society;
- has causes that are deeply rooted in social and economic circumstances;
- the whole of society needs to accept responsibility for, not blame a few individuals;
- all sections of society wish to solve and need to cooperate on.

This workshop proposes to reframe HIV/AIDS as subject of social and spiritual concern by viewing it from a perspective based on the Four Noble Truths of Buddhism – suffering ***(Dukkha)*** brought about by HIV and AIDS, the cause of suffering ***(Samudaya)***, the cessation of suffering ***(Nirodha)*** and the path leading to the cessation of suffering ***(Magga)***. This workshop invites participants to identify and explore the *Samudaya* of HIV- and AIDS-related problems and approach the *Magga* of this context by overcoming ignorance and stigma about the condition among those who are infected and others in their families and communities.

In order to provide context and concrete examples from which participants can develop a Buddhist perspective on the suffering of HIV and AIDS, it is desirable to have people living with HIV and those in affected families address the participants about problems they have faced, how they have tried to solve those problems and what support they

All life is suffering.
When one sees this clearly,
suffering ceases to exist.

The Buddha

want from monks and nuns and from the community. Further participatory exercises on reducing stigma and discrimination are included on the accompanying CD.

By the end of the workshop, participants are encouraged to view activities on prevention and care of HIV and AIDS as an integral part of their community development work. This workshop aslo seeks to provide monks and nuns with skill training in modern participatory social management skills.

Buddhist concepts and life skills: The form of reasoning used in the Four Noble Truths can also be compared to life skills-based approaches in relation to problem solving and decision making:

- What is the problem?
- What are the possible causes of the problem?
- What are the possible solutions to the problem, and what are the advantages and disadvantages to each possible solution?
- What is the best solution in each situation and how can this solution be achieved?

Follow-up training and support

The workshop to which this manual refers provides an initial training course intended to orient participants, as well as to provide a set of skills enabling them to more effectively work to alleviate the suffering caused by HIV and AIDS. Providing follow up opportunities for further training and exchanges of information and support is very important for participants to become and remain effective change agents. If there is only a one-off training and no support or follow up, it is likely that participants may feel unsupported and lose confidence in their ability to take action. It is vital to identify an organization that will provide support and coordination of workshop follow-up activities. Also, to promote greater collaboration among workshop participants upon completion of this training, it is recommended that their names and addresses be shared, with their permission, with the other participants, local HIV and AIDS committees and support groups for people living with HIV and AIDS, as well as with government and non-government organizations working on HIV and AIDS programmes.

Should participants wish to conduct further seminars with other monks and lay community leaders after returning to their temples, they can then work collaboratively with other agencies in the community to prevent and solve the problems related to HIV and AIDS.

To complete the action planning process at the end of the workshop, it is helpful to conduct a training needs assessment to see what skills are still needed to carry out the projects that have been developed by participants. As their understanding of HIV and AIDS grows, monks and nuns will take on more responsibilities and may require specialist training, for instance in counselling, in facilitation, in life skills-based education, in treating opportunistic infections with traditional medicine or in proposal writing and fund-raising.

It is important to keep track of who has been trained in what, especially when further training is planned. Training is an investment and most investors like to be able to see what results the training has achieved. If we do not know who has been trained and in what, we will not be able to monitor the impact of the training.

Monitoring and evaluation

The Buddhist Leadership Initiative (BLI) has developed a detailed framework for monitoring and evaluating activities. The action planning process in the final sessions of the workshop includes a section for monitoring and evaluation. The detailed monitoring and evaluation framework for the BLI is a valuable tool and should be consulted in follow-up work. The output monitoring and impact evaluation framework for the BLI is included in the accompanying CD.


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4. BUDDHIST TEACHINGS

Notes for facilitators and handouts for participants

This section contains the ***Dhamma*** teachings that relate to the issues of HIV and AIDS to provide background reading for the facilitators and handouts for the participants.

The facilitators need to read and reflect on these teachings before the workshop. During the workshop, the teachings can be presented to the group verbally by someone who is familiar with the Buddhist scriptures – a senior monk or nun or a teacher in Buddhist studies. While most monks and nuns will be very familiar with these teachings, it is important to revisit them so that details are fresh in their minds. However, due respect and acknowledgement must be given to the participants' learning so that they contribute to the review of the *Dhamma* rather than being made to feel that the facilitator or resource person is trying to teach them.

The sheets on the following pages may be copied and handed out for the participants to read (in translation, if necessary).

Those who wish to guard their practice
should very attentively guard their minds
For those who do not guard their minds
will be unable to guard their practice.

Shantideva

HANDOUT FOR PARTICIPANTS FOR SESSION 3

THE FOUR NOBLE TRUTHS

At the time of his first journey from the palace to the city gardens, when he saw an old man, a sick man and a corpse, Prince Siddattha became aware of the existence of suffering. He did not understand the meaning of suffering, though.

It was only when he became enlightened and realized the Four Noble Truths that he was able to define suffering.

In his first sermon, the *Dhammachakrapawattana Sutra*, given at Issipatana Park more than 2,500 years ago, the Buddha taught the Four Noble Truths – suffering *(Dukkha)*, the cause of suffering *(Samudaya)*, the cessation of suffering *(Nirodha)* and the path leading to the cessation of suffering *(Magga)*.

Dukkha – *Suffering*
In answer to the question, “What is suffering?” the Buddha replied, “Birth is suffering. Old age, sickness and death are suffering. Sorrow, lamentation, pain, grief and despair, which are at times experienced by our body and mind, are also suffering. Not getting what one wants is suffering and being separated from the things one loves is suffering. To be separated from the pleasant, to be disappointed, or to be in contact with the unpleasant, these things are suffering. In short, our body and mind are subject to suffering. We may say that our existence is bound up with suffering.”

Samudaya – *The cause of suffering*
Suffering is caused by a compelling urge of the mind, such as the longing to own what we desire, to be what we desire to be or to avoid those states to which we feel aversion.

Nirodha – *The cessation of suffering*
The cessation of suffering comes with the extinction of desire or such longings of the mind.

Magga – *The path leading to the cessation of suffering*
The Noble Eightfold Path is the path that leads to the cessation of suffering; it entails Right Understanding, Right Intention, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness and Right Concentration.

When looked at in the framework of the Four Noble Truths and the Noble Eightfold Path, we can see that there is a way out of the suffering related to HIV and AIDS.

HANDOUT FOR PARTICIPANTS FOR SESSION 3



THE SURGEON WHO REMOVED THE ARROW OF SORROW

The method of the Buddha, as presented under the Four Noble Truths, can be compared to that of a physician, as the Buddha also called himself. He was also called a surgeon who removed the arrow of sorrow. Put thus the four states of the Four Noble Truths are:

1. The statement of disease-caused suffering,
2. The diagnosis of the origin of the suffering thus caused,
3. The prognosis of its antidote, and
4. The prescription for the cure.

As medicine deals with disease and its cure, the Buddha’s teaching deals with suffering and its cure. Just as the process of medical treatment includes the prevention of disease by the promotion and maintenance of good health, the Buddhist process includes the promotion of mental health to reach perfection and freedom in the absence of suffering.

Again, when looked at in the framework of the Four Noble Truths and the Noble Eightfold Path, we can see that there is a way out of the suffering related to HIV and AIDS.

Note: This material is also available in the PowerPoint presentation “Buddhist Teachings” on the accompanying CD for use in Session 3.

HANDOUT FOR PARTICIPANTS AT END OF SESSION 10

THE FOUR NOBLE TRUTHS AND HIV AND AIDS

The Buddha taught about suffering. He taught about the cause of suffering, the cessation of suffering and the path leading to the cessation of suffering.

The impact of HIV and AIDS is suffering. And just as there is a cause for all suffering, there is a cause for the suffering related to HIV and AIDS. The cessation of suffering related to HIV and AIDS also exists and there is a path leading to the cessation of this suffering.

To define HIV and AIDS in terms of suffering we can say that being infected with HIV is suffering. Being ostracized and discriminated against is suffering. Loss of income through lack of employment is suffering. Seeing schools close their doors to children of affected families is suffering. Falling ill and dying because of AIDS is suffering.

The suffering of HIV and AIDS does not stop with the individual, but also extends into the family, the community and the nation.

A family suffers when its main breadwinner falls sick and can no longer work. Parents suffer as they struggle to find the money needed to pay for their own, or their children's treatment. They suffer as they watch their children grow weak, fall ill and eventually die because of AIDS.

Children suffer when they are teased and taunted by others because their parents are living with HIV or have died because of AIDS. They suffer when they find that schools and communities will not accept them. Children suffer when they see their parents, once strong and healthy, frequently fall sick with illnesses related to HIV. They suffer when they see the ones they love die, leaving them orphaned, alone, insecure and without parental love and support.

The community also suffers. The community suffers through the loss of its workforce to HIV and AIDS. It suffers when it becomes divided and when income once generated by strong, healthy people is no longer available to finance community development. It suffers as it watches its younger generation grow up alone, insecure and uneducated, or burdened by caring for sick parents or siblings.

The nation suffers through the loss of its once healthy young men and women, its workforce, including its teachers and doctors. It suffers through loss of productivity, resulting in loss of income for all. It suffers as it cares for and treats its people.

Even religion and the religious suffer. Monks suffer when there are fewer people to contribute to the construction or maintenance of temples. They suffer when they see that there are fewer young men to be ordained as monks or young boys to be ordained as novices. They also suffer from seeing more community members fall ill and from the increased burden of caring for terminally ill persons.

Yes, the impact of HIV and AIDS is suffering.

But if we look at the teachings of the Buddha, we will see that there is a cause for suffering. According to the Buddha, the cause of suffering is ignorance.

What is the cause of the suffering related to HIV and AIDS?

It is also ignorance. Ignorance is the root cause for the suffering related to HIV and AIDS.

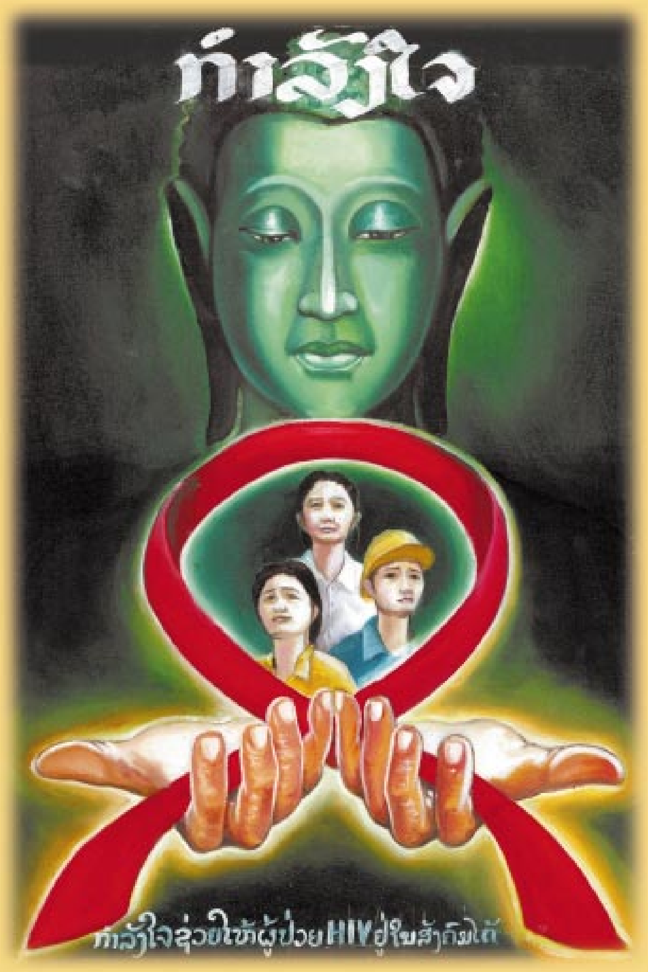
Ignorance has caused more suffering and done more damage than the virus itself. Through ignorance, millions of people have been infected with HIV. Ignorance on how to live with HIV has resulted in the rapid and often unnecessary deterioration in health for many. Ignorance breeds fear, which is the root cause of stigma and discrimination against people living with HIV; it has divided families, communities and workplaces, closed classroom doors to innocent children and caused people to elect to die by their own hand rather than die of AIDS-related illness.

The Buddha taught that every condition has an opposite condition. Where there is sadness there is happiness, where there is ignorance there is knowledge, where there is suffering there is the absence of suffering.

The suffering related to HIV and AIDS also has an opposite and that is the absence of suffering of HIV and AIDS.

The Buddha also taught that the way to end suffering is by eliminating it at the cause – ignorance. Where there is knowledge there is no ignorance and consequently no suffering.

The teachings of the Buddha should be applied to HIV and AIDS. If we overcome the ignorance that surrounds HIV and AIDS and gives birth to all the related suffering, we can achieve the state where there is no suffering.


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5. PARTICIPATORY WORKSHOP SESSIONS

Opening Session:	Opening ceremony, welcome, introductions and objectives
Session 1:	Identifying roles: Should monks and nuns be involved in work on HIV and AIDS?
Session 2:	What do we know about HIV and AIDS?
Session 3:	Buddhist teachings of the Four Noble Truths
Session 4:	First Noble Truth: *Dukkha* – Identifying and analysing the suffering related to HIV and AIDS
Session 5:	Second Noble Truth: *Samudhaya* – Identifying the causes of the suffering related to HIV and AIDS
Session 6:	How can monks and nuns meet community needs in responding to HIV and AIDS?
Session 7:	Third Noble Truth: *Nirodha* – Identifying community resources working towards the cessation of the suffering related to HIV and AIDS
Session 8:	Learning from the experience of others
Session 9:	Counselling people living with and affected by HIV and AIDS
Session 10:	Fourth Noble Truth: *Magga* – Identifying the path leading to the cessation of the suffering related to HIV and AIDS
Session 11:	Making action plans for *Sangha*-led community-based interventions
Session 12:	Reviewing action plans, analysing needs, making recommendations
Closing-session:	Evaluation and closing ceremony

OPENING SESSION

PURPOSE:
To conduct appropriate opening ceremonies.
To welcome and introduce the participants.
To clarify the objectives of the workshop.
To understand the hopes and fears of the participants.
To establish an ongoing evaluation process.

TIME NEEDED:
1 1/2 hours (approximately)

MATERIALS NEEDED:
Flip-chart with clear statement of the workshop objectives.
Large cards for participants to write their expectations.
Marker pens for each participant.
Three badges for members of evaluation committee.

DESCRIPTION:
The opening ceremony, with chanting and religious rites in accordance with local custom.
Depending on the situation, this opening ceremony may be more or less formal. In some situations, special guests may be invited from the government, the appropiate religious body or other organizations, and speeches are may be given.

The participants introduce themselves.
The facilitator presents the workshop objectives and the participants discuss their expectations, hopes and fears for this training and their work for HIV and AIDS.

PREPARING YOURSELF:
Discuss with the other workshop organizers what kind of opening event is appropriate. Ensure that all the details are worked out and the invitations for participants issued well in advance. Check that any key speakers invited have details about the programme and are also clear on the time to be allotted for their speeches.

Write up the objectives on a flip chart so that it can be read clearly from 8 metres. Place posters around the room. (See page 4 for a list of materials.)

Prepare and photocopy the list of participants' details for the ice-breaker activity.

Process

1. Opening ceremony: This may be conducted with chanting and religious rites according to local custom. Inviting outside guests to the opening ceremony may be an opportunity to inform policy makers and religious leaders about the role of monks and nuns in HIV/AIDS programmes.

2. Introductions: During the opening ceremony, the participants introduce themselves and say what institution they come from.

3. Workshop objectives: The facilitator presents the objectives for the workshop. Participants are invited to discuss and clarify these, if necessary.

4. Guest speakers: Key speakers can be invited to talk briefly (up to five minutes). This may include outside guests or one of the participants or a facilitator. A chief guest may then declare the formal opening of the workshop. *If guests are present, they may depart at this point.*

5. Ice-breaker: (10 mins) Before the workshop, prepare and photocopy a sheet for each participant. The heading says: *Find Someone Who….* Then write down one fact for each participant: e.g. comes from X town; comes from Y monastery; has visited Thailand; has been ordained for 40 years, etc. The participants then move about trying to find out which description applies to which person. At the end, run through the list to check who is who.

6. Hopes and fears (optional): Invite the participants to discuss in pairs their **hopes** and **fears** for the workshop. Give each pair four cards – on two they write their main hopes, on the other two they write any fears they have for the workshop. Then collect the cards in two piles: hopes and fears. Pin the cards on boards and reflect on how the hopes and fears can be addressed.

7. Evaluation committee: Tell the participants that you will welcome and need their feedback throughout the workshop. Each day will begin with an evaluation of the previous day by some of the participants. Invite two to three volunteers to be the participant representatives for the first day. Give each a badge. Each day the evaluation committee will change. Tell them that the following morning they should make a five-minute presentation to the facilitators and group on what went well; what did not go so well; and suggestions for improvements. At the start of each day there will also be time for an open question and answer session.

8. Conclusion: Thank the participants for their cooperation. Conclude on a positive note by talking about your expectations for the workshop.

Tips for success

- A formal opening ceremony with invited guests may be important for gaining support and commitment from policy makers and Buddhist leaders. Ensure that the participants feel welcomed and involved during the event. Plan an opening ceremony carefully with the host organization so that you know what is expected of you as the facilitator.
- Encourage the participants to feel that this is *their* workshop. By listening and responding to their expectations, by promoting maximum participation and by requesting regular feedback, the facilitator can encourage the participants to take responsibility for their own learning during the workshop. This will also be a better basis for self-motivation in implementing their ideas later.

SESSION 1: Identifying roles

Should monks and nuns be involved in work on HIV and AIDS?

PURPOSE:	To help the participants to get to know each other. To enable monks and nuns to reflect on their role in the community and how work on HIV and AIDS could be considered part of their traditional role.
TIME NEEDED:	2 – 2 1/2 hours
MATERIALS NEEDED:	Flip-chart papers or large cards for participants to write their ideas.
DESCRIPTION:	The participants work in small groups to discuss their ideas about whether monks and nuns should or should not become engaged in HIV and AIDS activities. They are asked to support their views with teachings from the *Dhamma*.
PREPARING YOURSELF:	Read through the exercise. Read the information box on the following page about the Buddha's teaching on the role of monks. Write this up clearly so that it can be read from 8 metres.

Process

1. Introduction: (5 mins) Welcome the participants again and invite them to feel relaxed in the workshop environment. Explain the objectives and process of the session. Request the participants to divide up into small groups of 4–5 persons.

2. Warm up: (5 mins) Ask them to introduce themselves to each other. To help the participants to relax in their groups, ask them to find out how they came to the workshop. Who used the most different kinds of transport? Find out who holds the record!

3. One dot question: (5 mins) On a flip chart write, HIV and AIDS: A health problem or a social problem? Draw a line down the centre of the sheet. Write Health Problem on the top left and Social Problem on the top right. Ask the participants to each put one dot with a black pen on the chart in response to the question. Turn the flip chart around so that the participants can 'vote' in private. Review the responses when complete. Say that this question will be revisited at the end of the session.

4. Opening discussion: (10–15 mins) Ask the participants as a whole the following questions for a brief discussion:

- What is the role of monks and nuns in relation to people in the community who are ill with any disease?

- What is the role of monks and nuns in solving social problems in the community, such as for example alcohol and drug abuse and domestic violence?
- What is the role of monks and nuns in helping adults and children who are poor and needy?
- How did the Buddha respond to criticism of his involvement in social problems?

5. Group work: (20 mins) Request the participants to discuss in small groups whether they think that monks and nuns should or should not become involved in HIV and AIDS activities. Their views should be supported with teachings from the *Dhamma*. Allow 15 minutes for discussion. Invite each group to write their findings on a piece of flip chart or large cards. Ask them to ensure that their written responses will be clear and visible to all.

6. Feedback: (10 mins) Invite one representative from each group to introduce the other group members and to report on their findings. Place their responses around the room.

7. Group work: (20–25 mins) Display the sheet on the Buddha's teachings (copied from the box below) so everyone can see it. Ask the participants to return to their groups and discuss how monks and nuns can fulfil these three responsibilities in relation to HIV and AIDS.

8. Feedback through plenary discussion: (15 mins) Now lead a general discussion allowing the participants to contribute their ideas, using the questions below. Invite one group to respond to each question first, with other groups adding additional ideas. As far as possible, draw out knowledge and ideas from the participants, before making inputs yourself.

- How can monks and nuns fulfil their first responsibility towards the community in relation to HIV and AIDS?
- How can they fulfil their second responsibility?
- How can they fulfil their third responsibility?
- What would you say to someone who believed HIV and AIDS was only about sex and drugs and that it was not appropriate for monks and nuns to engage in prevention and care activities?

9. Summary: (5–10 mins) Summarize the discussion and include any of the discussion summary points (page 34) that have not been mentioned already by the participants.

10. Repeat one dot question: (5 mins) Repeat the process of activity 3. Use a different coloured pen to make the dots. Have the participants' views changed?

11.Conclusion: Thank everyone for participating and helping to get the workshop started well.

THE BUDDHA'S TEACHING ON THE ROLE OF MONKS

The Buddha's teachings on the responsibility of monks towards the community are that a monk's duty is three-fold:

1. ***Khanda dhura, vipassana dhura*** – to develop his knowledge through study and meditation
2. ***Jarata bhikkhave jaritham phahuchanhitaya phahuchansukhaya lokanukampaya attaya hitaya sukha tevamanussanam*** – to wander from place to place teaching for the well-being, the happiness of gods and men
3. ***Sangham saranam gaccami*** – to serve as a refuge in times of suffering.

Note: For translation in countries with Mahayana Buddhism, please write the Pali quotations in Sanskrit.

SUMMARY OF DISCUSSION POINTS

The Buddha's teaching on social problems

- While society has outwardly changed a great deal since the time of the Buddha, many social problems were also present in the time of the Buddha and are addressed in his teachings.
- The Five Precepts, the Four Noble Truths and the Noble Eightfold Path to Enlightenment address many problems encountered in modern society.

HIV and AIDS is a social issue

- HIV and AIDS is not merely a health issue concerning the person infected but also a serious socio-economic issue with potential devastating impacts on future development.
- Although HIV can be spread through sex and injecting drug use, people who never have sex outside of marriage and never use injecting drugs can contract the virus too. Moreover, even sexual behaviour and drug abuse are often influenced by social problems such as poverty or materialism.
- Most problems related to the HIV and AIDS crisis are rooted in ignorance and poverty. If those problems are to be solved or avoided, then that ignorance has to be uprooted and poverty reduced.

Monks' responsibilities to the community

- By learning about HIV and AIDS and all the related problems, a monk is fulfilling his ***first responsibility*** to the community.
- By taking that knowledge and disseminating it for the benefit of the community, he is fulfilling his ***second responsibility.***
- He is then a good refuge for the community during their time of suffering from HIV and AIDS, thus fulfilling his ***third responsibility.***
- Like the Buddha before them, monks can serve as an example for others to follow.
- What these monks and nuns are doing is simply fulfilling the responsibility that they, as religious leaders, have in ensuring the health, happiness and well-being of their congregation.

SESSION 2: What do we know about HIV and AIDS?

PURPOSE: To assess the knowledge of the participants about HIV and AIDS.
To identify any gaps in knowledge and clarify any misunderstandings.

TIME NEEDED: 2 hours

MATERIALS NEEDED: Questionnaires for each participant (Appendix 4).
Fact sheets in Appendix 3 and locally available flip charts and posters on facts about HIV and AIDS, HIV transmission and prevention.
Leaflets and other materials for explaining the facts about HIV and AIDS – enough for each participant.
A question box – a box with a hole cut in the top for posting in anonymous questions.

DESCRIPTION: The participants first complete a questionnaire to assess their knowledge on HIV and AIDS. The facilitator and/or health educator (possibly from the local office of public health, the ministry of health or similar institution) then reviews the questionnaire and uses them as a guide to present the key facts about HIV and AIDS. Encourage participants to ask questions to clarify any misunderstandings.

PREPARING YOURSELF: Check the questionnaire in Appendix 4 and ensure that you understand the answers and can discuss them with the participants. If necessary, have the questionnaire translated. Produce enough copies for each participant.

Process

Warm-up exercise (optional – see Appendix 9)

1. Introduction: Explain the objectives and process of the session.

2. Questionnaire: (15 mins) to find out how much the participants already know about HIV and AIDS. Distribute the questionnaires to the participants and ask them to fill them in individually. They can discuss their answers with each other if they wish. Reassure the participants that this is not a test. There is no need for them to put their names on the sheet. State that rather, it is just to make sure that any doubts or misunderstandings on the facts about HIV and AIDS are cleared up. Allow 10 minutes for answering the questionnaires.

3. Presentation and discussion on facts about HIV and AIDS: (20–30 mins) A facilitator/health professional with good knowledge of HIV and AIDS issues goes through the answers to the questionnaire, dealing with any gaps or misunderstandings. Keep the discussion open to allow people to ask questions and offer information. Use locally available posters or other materials to explain the following key points:

- What is HIV? What is AIDS?
- How is HIV transmitted? (Use the ESSE approach – see Appendix 3)
- Preventing HIV transmission:
  ABCD: Abstinence – **B**e faithful – **C**ondoms – **D**on't share needles or syringes
- Stages from HIV infection to symptomatic to syndrome stage
- Factors delaying the progression of these stages
- Health issues when living with HIV and AIDS
- ARVs and treating opportunistic infections
- Care and support for people living with HIV and AIDS.

4. Reflecting and collecting questions: (15 mins) Discuss how after achieving enlightenment, the Buddha spent seven weeks reflecting on the knowledge he had acquired. Similarly, the participants are encouraged to reflect on their knowledge about HIV and AIDS and bring their observations and questions. Put a question box on the floor. Give the participants each a piece of paper, and ask them to write anonymously (no name) the most pressing question they may have about HIV and AIDS. They put their questions in the box. Encourage them to ask openly any questions they wish about HIV and AIDS. Emphasize that no question is too basic or sensitive and all questions will be answered in a non-judgemental way. The question box is an *optional activity*, but allowing questions to be written anonymously may help participants to be even more open.

5. Responding to questions: (30 mins) The facilitator picks up one question from the box at a time and answers each question. This activity should be carefully monitored to avoid taking up too much time. (Facilitators can also use the question box with transmission exercises for Session 2 included in CD.)

6. Conclusion: Tell the participants that the question box will be left in the workshop room throughout the workshop. Any questions on the workshop topics, which they feel are more sensitive, can be put in the box. Each morning, there will be time to respond to the questions in the box and any other questions that the participants raise directly. Also encourage the participants to ask questions directly at any stage during the training.

SESSION 3: Buddhist teachings of the Four Noble Truths

PURPOSE:	To refresh the participants' understanding of the Four Noble Truths.
TIME NEEDED:	1 hour (max).
MATERIALS NEEDED:	Photocopies of pages 24 and 25 for each participant. If possible, make a poster to display the main points of the teachings or use the included CD, for a PowerPoint presentation.
DESCRIPTION:	A senior monk or nun or a lay teacher in Buddhist studies presents the Four Noble Truths to the participants, followed by a short discussion.
PREPARING YOURSELF:	Ensure that you are familiar with these teachings, if you are not already so. Talk with the person presenting this session to ensure the required materials are ready. Decide in advance how you will manage the time, e.g. would the presenter like to be given a sign when five minutes remain?

Process

1. Introduction: Explain the objectives and process of the session. At all times, acknowledge and give respect to the participants for their knowledge of the *Dhamma*. This session is to enable the group to reflect together on their understanding of the Four Noble Truths.

2. Presentation: (15 mins) The presenter reviews the main teachings about the Four Noble Truths, using a lecture and visual presentation or an interactive discussion method (whichever he/she prefers). Ensure this remains within time alotted.

3. Brief plenary discussion: (15 mins) After the presentation, encourage the participants to ask questions or to comment from their own experience.

4. Reflecting on presentation: (15 mins) Distribute the handouts of pages 24–25. Ask the participants in pairs to consider how the Four Noble Truths have related to their lives and work in the past. Allow 5–10 minutes for discussion. Ask for brief feedback from the pairs on their discussion.

5. Conclusion: Tell the group that you will be considering the teachings of the Four Noble Truths in more depth over the coming days in relation to HIV and AIDS. Thank the presenter and welcome his or her input into the discussion of these Buddhist teachings over the coming days.

SESSION 4: First Noble Truth: *Dukkha*

Identifying and analysing the suffering related to HIV and AIDS

PURPOSE: To help the participants to identify the suffering related to HIV and AIDS, including for the individual and also for the family and society.
To raise participants' awareness of HIV and AIDS as a socio-economic issue affecting everyone, not just a health issue restricted only to those infected.
To motivate participants to respond to HIV and AIDS as a community issue.

TIME NEEDED: 3 hours

MATERIALS NEEDED: Flip-chart paper (newsprint), marker pens, adhesive tape.

DESCRIPTION: The participants work in five groups. This session has two parts. In the first, the groups identify the impact of HIV and AIDS on different sectors: individuals living with the virus, their families, their children, the *Sangha* and society as a whole. In the second activity, the groups categorize these impacts under five different headings.

PREPARING YOURSELF: If you are not too familiar with the issues of HIV and AIDS in this area, make sure that you meet with an organization working on HIV and AIDS and people living with HIV before the workshop.

Process

Warm-up: (optional – See Appendix 9)

1. Introduction: Explain the objectives and the process for the session. Say that the Buddha taught about suffering in the Four Noble Truths. If we can identify suffering or problems related to HIV and AIDS, we can begin to find ways to solve or prevent them.

2. Group work 1: Identifying the suffering related to HIV and AIDS. (30–40 mins) Divide the participants into 5 groups. (This is usually best done randomly.)

Ask: "What are the problems or suffering related to HIV and AIDS?" Each group will brainstorm on this question, focusing on one of the following:
- People living with HIV and AIDS
- Families of people living with HIV and AIDS

- Children in families affected by HIV and AIDS
- Monks and nuns and their temples
- The community and nation

The groups brainstorm their ideas. Encourage them to work quickly, identifying as many problems as they can. Allow 30 minutes for this activity. Move around the groups, observing, clarifying and, if necessary, encouraging discussion by asking questions (e.g. to the group working on *monks, nuns and their temples,* ask "Where do monks and nuns get donations from?") This session should be carefully monitored to ensure that the participants don't rush ahead into discussing the remaining Noble Truths, particularly the Fourth Noble Truth. They need to remain focused on identifying just the problems or suffering of HIV and AIDS.

3. Feedback and discussion: (30 mins) A representative from each group presents the group's findings. Encourage other groups to express their ideas. Summarize the discussion by emphasizing that:

- Not only individuals living with HIV and AIDS, but their families and children and other sectors of society are affected by HIV and AIDS.
- The impact of HIV and AIDS is not only physical but also emotional and mental, economic, social and developmental.

4. Group Work 2: Categorizing the suffering related to HIV and AIDS: (45 mins) The participants return to their groups. Ask them to take the problems identified in the last activity and categorize them under these headings:

- Physical
- Emotional/mental/spiritual
- Economic
- Social
- Developmental

The groups write up their findings on flip-chart paper. They can also write new ideas if they wish. Once again, circulate among the groups to observe and clarify where necessary.

5. Feedback and discussion: (25 mins) A representative from each group presents their findings, explaining or giving examples as necessary. Encourage the other groups to comment and ask questions. Display the group work in five different areas around the workshop room. Make a clear title for each social group (e.g. 'People living with HIV and AIDS').

6. Summary: (15 mins) Invite the participants to summarize the discussion, raising general points, which may include some of the following:

- HIV and AIDS is a form of suffering that affects everyone, not just those living with the virus. It is a community issue.
- The HIV virus brings many different kinds of suffering to many different people. By

In all temples and monasteries
may readings and recitation flourish and remain;
May the Sangha always be in harmony
and their purposes be accomplished.

Shantideva

understanding the different types of impact or suffering, we will be better able to identify appropriate ways to respond to the needs of different people.

- Some people believe that HIV and AIDS is a worldly matter relating to sexual activity, injecting drug use and sex work. They may think that it is not appropriate for religious leaders to be involved in such worldly matters. However, our discussion shows the many different types of suffering caused by HIV and AIDS and suggests why it is important and appropriate for monks and nuns to be involved in prevention and care activities. Furthermore, HIV also reaches those, particularly women and children, who have not engaged in high-risk behaviours associated with HIV transmission.

7. Conclusion: Thank the participants for all their hard work, which has enabled the whole group now to understand the widespread suffering *(Dukkha)* of HIV and AIDS.

Tips for success

- Create five clear spaces for group work in the workshop room. Over the week, the participants will develop large charts for each of the Four Noble Truths in relation to each of the five social groups. Ensure that there is room in the five group meeting areas to display all the charts. If necessary, use boards to display their work.
- If desired, cards could be used in this activity as well. If the groups write one idea/problem per card in activity 2, then in activity 4 the cards could be arranged into the different categories describe above. At the end of the session, the cards should be fixed to a large sheet of paper and displayed.

SESSION 5: Second Noble Truth: *Samudhaya*

Identifying the causes of the suffering related to HIV and AIDS

PURPOSE: To help participants to understand that a variety of factors lead to HIV infection and that the suffering accompanying the HIV and AIDS crisis is caused by many other factors, not just the virus.
To increase the participants' understanding of HIV and AIDS as a socio-economic issue.
To build commitment and provide a basis for temple involvement in HIV and AIDS activities and for the development of temple/community action plans.

TIME NEEDED: 2 1/2 hours

MATERIALS NEEDED: Flip-chart paper, marker pens, adhesive tape.

DESCRIPTION: In this session the participants work in groups to identify the causes of different kinds of suffering.

Process

Warm-up: The *But Why?* game
(optional – See Appendix 9)

1. Introduction: Explain the objectives for the session. Reflect on what the Buddha said about the causes of suffering. This exercise, based on the Second Noble Truth, is about identifying the causes of the suffering related to HIV and AIDS. All suffering has a cause. If we are to eliminate the suffering related to HIV and AIDS, then we need to understand and eliminate the causes.

2. Group work: (60 mins) Invite the participants to return to their groups from Session 4 and to look again at their chart categorizing the suffering of HIV and AIDS. Ask them to identify and discuss the causes of the various sufferings/problems of HIV and AIDS? In other words, the groups take one problem statement and ask, "But why?"; e.g. People living with HIV lose their jobs. "But why?" "Because employers are ignorant about HIV and AIDS." Ask again, "But why are employers ignorant about HIV and AIDS?", and so on. The "But why?" questioning continues to identify the successive underlying causes.

The participants write the causes they have identified on a new chart, using the same five columns (physical, emotional/mental/spiritual, economic, social and developmental). Move around the groups, observing, clarifying and asking questions to help stimulate a wider range of ideas. Allow about 45 minutes for this discussion.

3. Feedback: (30–40 mins) Invite one representative from each group (a different one from last time) to present the group's findings. Encourage others to question and comment. Display the group work in their designated places, alongside the charts from Session 4.

4. Plenary discussion: (15 mins) Ask the participants if they think any common themes have emerged from the presentations, such as that the suffering of HIV and AIDS is often caused by ignorance. Ask the group whether Buddhist teachings provide insights into the causes of the suffering of HIV and AIDS.

5. Summarize discussion: (10 mins) Recap the main points of the discussion, adding any further points from the following list if necessary.

- HIV infection is caused by a variety of factors. The suffering of HIV and AIDS is also caused by many factors, not just the virus.
- If we understand the causes of suffering, we will be better able to respond.
- Much suffering related to HIV and AIDS is caused by ignorance. This relates to Buddhist teachings.
- However, different problems are rooted in different kinds of ignorance – so education must respond to different people's needs. Merely giving information will not be enough.
- The teachings on Dependent Origination and the Five Aggregates may be referred to here, drawing attention to the posters displayed on the walls. These teachings may be discussed in more depth in later sessions, as indicated.
- The teachings on the Five Aggregates show that a person is both body and mind or consciousness. Only one of the Five Aggregates relates to the body (20 per cent), while the rest (80 per cent) relate to the mind or consciousness. Therefore, if a person is to be treated as a whole being, it is necessary to meet their emotional, mental and spiritual needs, as well as physical needs.

6. Conclusion: Thank the participants for their contributions. State that because the participants have identified the suffering of HIV and AIDS and the causes of that suffering, they are now ready to look for solutions and to consider who might assist them in this work.

SESSION 6: How can monks and nuns meet community needs in responding to HIV and AIDS?

PURPOSE: To stimulate participants to think of possible activities to achieve the cessation of suffering, the Third Noble Truth.
To expose participants to the HIV and AIDS activities of monks and nuns in other countries.

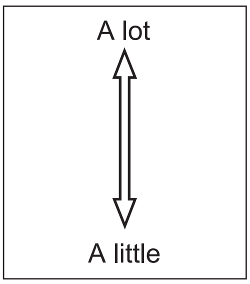
TIME NEEDED: 1 1/2 hours

MATERIALS NEEDED: CD and equipment for a PowerPoint show or flip-chart showing monks and nuns engaged in a variety of HIV and AIDS activities from different countries.

DESCRIPTION: The participants see a presentation on different activities by monks and nuns. They sort these activities under four objectives.

PREPARING YOURSELF: Run through the PowerPoint show or flip chart in advance to ensure that you are familiar with the description of the activities.
Photocopy handouts for work in pairs (on page 45).
Prepare the flip-chart for the warm-up activity.

Process



1. Warm-up exercise: (5 mins) Draw an arrow on a Flip-chart. On the top write: *A lot*. At the bottom write: *A little*. Ask the participants to mark one dot on the chart in response to this question: *How much do you think monks and nuns can do to help communities solve the suffering of HIV and AIDS?*
Turn the board around so that the participants cannot be seen putting their dot. Use a black pen.

2. Introduction: (5 mins) Explain the purpose and process of the session. A Buddhist teacher may

remind the group how the life of Buddha is an example for the role of the *Sangha* in supporting the community to find solutions to suffering, as the following illustrates:

After attaining enlightenment, the Buddha did not remain seated under the Bodhi tree but took his knowledge into the community and shared it with others. Once others had understood the Buddha's teachings, which were aimed at preventing or alleviating the suffering of all sentient beings, the Buddha told his followers to take their knowledge and go out into the community and teach others. In this way, the Buddha had established a team of workers (the *Sangha*) to assist him in his mission of spreading the Dhamma to overcome suffering.

3. Presentation and pair work: (30–40 mins) Ask the participants to form pairs. Explain that you (or another presenter) are going to show some photographs of monks and nuns engaged in HIV and AIDS activities. These photographs are from various countries in Asia.

Give out the handout (see page 45). Explain that the activities shown in the presentation can be divided into four different areas or objectives:

- **To prevent HIV transmission – in all communities, including where there is little or no HIV.**
- **Improve the level of care and support for people living with HIV and AIDS.**
- **Improve the level of support for children and families affected by HIV and AIDS.**
- **Reduce stigma and discrimination and promote compassion for people living with HIV and AIDS.**

Show the slides or photos in the flip chart. Stop after every 3 slides so that the participant pairs can discuss and categorize these activities under an objective in one of the columns. If necessary, go through the first three examples with the group.

4. Feedback: (15 mins) Review the pair work and discuss how the activities have been matched with objectives.

5. Further pair work: (15 mins) Ask the pairs to tick the objectives and activities that they think their own community needs most at the moment and to mark with a circle any they think might be needed in the future.

6. Conclusion: Say that these activities offer ideas of how to prevent or resolve the suffering and problems of HIV and AIDS: the path to the cessation of suffering, which is the Fourth Noble Truth.

It is very important to stress that the monks and nuns are not working alone but are acting as catalysts and facilitators of community-based activities. The next session will look at other resources in the community that the monks and nuns can mobilize.

7. Evaluation: Repeat the warm up exercise, this time using a different colour. Have the participants' views changed?

Tips for success

- Make sure that the PowerPoint equipment is working (before beginning the session)!
- Ensure that everyone can see clearly.
- Keep the session lively. It is easy to fall asleep in a slide show! If the participants work on their chart after every 3 photos, it will help to keep the session active and engaged.
- If someone else is making this presentation, discuss in advance how to keep within the time.
- In a few cases, there may be different views over where an activity belongs. For example, educating the community about HIV transmission helps to prevent HIV transmission *and* to prevent and overcome stigma (by allaying people's fears about HIV). In such cases, the activity can be put in both columns.

HANDOUT FOR SESSION SIX PAIR WORK

OBJECTIVES FOR BUDDHIST LEADERSHIP ACTIVITIES IN RESPONSE TO HIV AND AIDS			
To prevent HIV transmission through education and by building strong communities	To improve the level of physical, emotional and spiritual care and support for people living with HIV and AIDS	To improve the level of support for children and families affected by HIV and AIDS	To reduce stigma and discrimination and to promote compassion for people living with HIV and AIDS

SESSION 7: Third Noble Truth: *Nirodha*

Identifying community resources working towards the cessation of the suffering related to HIV and AIDS

PURPOSE: To help participants to identify different resources in formal and non-formal groups and organizations in their communities with whom to collaborate on HIV and AIDS activities.
To help participants identify ways they can make maximum use of existing local resources.

TIME NEEDED: 2 1/2 hours

MATERIALS NEEDED: Different coloured marker pens; large sheets of paper (coloured if possible), adhesive tape. Natural materials such as stones, leaves, etc. can also be used to symbolize community resources.

DESCRIPTION: The participants work in new groups to identify different resources in their community which they can mobilize and collaborate with in addressing the problems of HIV and AIDS. They also draw maps to show where these resources are located.

Process

1. Warm-up exercise: (5 mins) Introduce the following exercise: In pairs, think about a time when you were a small child and your family had a problem. Which people or organizations in the community were able to help?

2. Introduction: Explain the purpose and process for the session. Identifying the community resources helping to solve the problems of HIV and AIDS is in line with the Third Noble Truth, which identifies the cessation of suffering. Recall how, after Enlightenment, the Buddha surveyed the world to see to whom he could teach the *Dhamma* and thereby established a team of workers.

3. Mapping a community: (45 mins) If you have at least 2 participants from each community, invite them to draw a map of their community. On this they mark the locations of groups, services and organizations that could act as resources to alleviate the impact of HIV and AIDS on their communities. Put the maps on the walls and hold an *exhibition* where participants rotate informally, explaining briefly to each other how the resources identified would help. Ensure that the maps show resources at the community level, *i.e.* showing the local health clinic *not* the regional or national level institution.

If participants all come from different communities, they can draw an imaginary map, because the resources in most communities are generally the same. If necessary, such groups could be divided into those from urban and rural areas. Participants from urban areas may find that resources are more widespread and may need to think carefully about how they can collaborate with these resources.

4. Group work: (60 mins) Ask the participants to form five new groups so that they are working with different colleagues and discussing a different social group (e.g. people living with HIV and AIDS; children in families affected by HIV and AIDS). Then request the groups to review the various problems/sufferings and their causes, which the previous group had identified.

Now ask them: "What different groups, services or organizations in the community could help to solve the underlying causes of these problems? How could they help?" (e.g. schools or youth groups could help in teaching children about HIV and AIDS.) The groups discuss and write down the ideas about different community resources on a new sheet, using the same columns and categories: *physical, emotional/mental/spiritual, economic, social and developmental.*

Encourage participants to think of as many community resources as possible, by asking questions such as: How is news spread among youth? How do farmers get new information? Stress that many formal and non-formal groups are already working in the community and their work can be adapted to meet the challenges of HIV and AIDS.

5. Feedback: (20 mins) Invite a representative from each group to elaborate on the community resources they identified, explaining how these offer solutions to the problems and causes. Encourage others to question and comment. (If the group members are from the same community, they can present their map and group work at the same time.)

6. Conclusion: Summarize in highlighting the following:

- The resources to support HIV and AIDS prevention and care activities already exist in the community, and by collaborating with these resources, it is possible to mobilize the whole community.
- This work would be the responsibility of the whole community, under the guidance and leadership of monks and nuns.
- Monks and nuns are highly respected in their communities and so it is easier for them to make contact with and mobilize existing organizations and groups to work together on prevention and care.
- The Buddha taught that when people work together, success and community harmony is easily achieved. However, where there is disunity, success is hard to attain.

Optional extension activity

- **Transect walk:** If additional time is available, this activity helps the participants to engage with local community members and to see life from their perspective. In pairs, the participants walk in a straight line (a transect, e.g. north to south) through a local community. They observe what they see around them and talk to anyone they meet along the way, including children. They can ask: "What problems do you face? Who in this community helps you to prevent or solve these problems?" The discussion does not have to relate to HIV and AIDS but will depend on the context.

  If you are conducting the transect walk, discuss this with the workshop organizers for help with logistics. If necessary, also go to meet the community leaders to explain what you are planning to do.

  On returning to the workshop, each pair discusses what they found out about community resources. They discuss their findings with another pair. Then this four joins another four. They discuss and present their conclusions to the plenum.

SESSION 8: Learning from the experience of others

PURPOSE:	To help participants to learn from the experiences of others working in communities on HIV and AIDS. To enable participants to gain a compassionate insight into the realities of living with HIV and AIDS.
TIME NEEDED:	Minimum 2 1/2 hours (depending on time available)
MATERIALS NEEDED:	Refreshments for visitors. Audio-visual tools and equipment.
DESCRIPTION:	A staff member from a local HIV/AIDS organization and/or some people living with HIV come to speak with the participants. Alternatively, the participants go on a field visit to learn about the work of a local HIV/AIDS organization and to meet the staff and clients. The UNICEF film *With Hope and Help* or another appropriate film may be viewed, either before or after the visit, or as an alternative to the visit.
PREPARING YOURSELF:	Visit the local organization and meet the staff and clients who are living with HIV before the workshop. Talk about the session. Do they have any anxieties? How can you prepare the participants to ensure that the experience will be a positive one for everybody? If showing the video, check that the equipment is working.

Process

1. Introduction: Explain the purpose and process of the session.

2. Preparation for the visit: Prepare the participants for their meeting with people living with HIV, especially if this is their first encounter. Discuss their perceptions of people living with HIV and AIDS. Review the facts about how HIV is *not* transmitted. If necessary, address any concerns or doubts the participants may have. Discuss how to create a welcoming atmosphere for the visitors.

3. Film about people living with HIV and AIDS: If it is not possible to arrange community visits, or perhaps in addition to such visits, the participants may watch the UNICEF film *With Hope and Help* or another appropriate film. The film is best shown before the visit to help sensitize the participants. Following the film, the participants can discuss

their reactions and questions in pairs for five minutes. Then facilitate a plenary discussion. Ask the participants to consider the following issues:

- The problems of living with HIV and AIDS and some solutions and ways of coping.
- The rights of people living with HIV and AIDS and their families.
- The advantages and disadvantages of disclosing an HIV-positive status.

4. a) Interacting with visitors: First welcome and introduce the guests. The visitors may like to present their experiences in a formal way, or they may prefer to divide and have small group discussions with the participants. If there is an initial formal presentation, this can be followed by small group discussions. The session should be as informal as possible to allow for natural interaction. If appropriate, try to arrange a meal, or refreshments if the session is after midday, to be shared by the participants and visitors, as this has great value in overcoming barriers and promoting a sense of inclusion.

Or b) Field trip: Alternatively, the participants may go on a field trip to visit a local organization working on issues of HIV and AIDS. There they can interact with the staff and clients. Again, there should be an opportunity for informal small group discussions. If appropriate, a budget could be provided to the group to prepare a meal or refreshments for the visitors, again as a positive image of acceptance and inclusion.

5. Synthesis: After the visit, ask the participants to sit in groups of three and discuss what they have learned from the session. They can then join another group of three and share their reactions.

6. Feedback and discussion: Finally, synthesize the main points raised by these debates for all participants. The participants may also have some questions they wish to ask the facilitators or other resource persons. These can be asked directly or through the question box, if necessary.

7. Conclusion: Conclude the session by summarizing the discussion. Emphasize how learning from and working alongside people living with the virus and those affected by HIV and AIDS is essential in developing appropriate, effective and sensitive solutions.

Optional extension activity

1. The rights of people living with HIV and AIDS: Give the participants two copies of the following exercise and ask them to fill in the grid according to the ideal and actual situation. (Alternatively, draw this as a ladder on a flip chart and complete through discussion as a group.)

a. Ideal situation of people living with HIV and AIDS

b. Actual situation in current experience of people living with HIV and AIDS

	5	4	3	2	1
Health care					
Employment					
Education					
Social participation					
Accommodation/ Housing					

5 = Full rights *4 = High* *3 = Medium*
2 = Low *1 = No rights*

On completing the activity, ask the participants what they could do to help bridge the gap between the ideal and the actual situations to improve the lives and fulfil the realization of the rights of people living with HIV and AIDS.

2. I am HIV-positive: A role play on stigma and discrimination. You will find this exercise on the CD-Rom that comes with this manual.

SESSION 9: Counselling people living with and affected by HIV and AIDS

PURPOSE:	To provide participants with an introduction to counselling in the context of HIV and AIDS. To help participants to relate in a more personal way with the experience of HIV and AIDS. To promote participants' confidence and motivation to engage with people in their communities living with or affected by HIV and AIDS.
TIME NEEDED:	2 1/2 hours (minimum) *This session is optional and is intended to provide an introduction to counselling. If time allows, these activities can be done in greater depth over one day.*
MATERIALS NEEDED:	Role-play scenario cards (see below)
DESCRIPTION:	The facilitator or another resource person provides a basic introduction to counselling. After this, the participants role play a series of scenarios where monks and nuns provide counselling.
PREPARING YOURSELF:	If possible, bring in a trained counsellor to run this session. If not, the facilitator can manage this session, but it is important to have a knowledge of the basic principles of counselling in order to give useful feedback on the role plays.

Process

Warm-up activity on listening skills

(optional – See Appendix 9)

1. Introduction: (20 mins) Explain the purpose and process of the session. Remind the participants that emotional distress and mental health issues are a major form of suffering related to HIV and AIDS. Monks, nuns, and lay Buddhists are in a good position to offer counselling to help alleviate some of this suffering.

The focus of counselling relates to the teachings of the Noble Eightfold Path, reflecting on the inner nature of human beings. External factors, such as discrimination and stigma, loss of employment, financial worries, etc. can also affect a person's emotional well-being. Counselling therefore needs to be combined with efforts to remove these external factors. If time allows, use the diagram on **Dependent Origination** to illustrate this point. This may be displayed as a wall poster throughout the workshop for reference.

2. Brief presentation and discussion on counselling: (15 mins) The participants learn the basic ideas about the different emotional reactions a person experiences when faced with trauma. They learn how to identify the emotional state of a person, the possible causes for those reactions and what to do and what not to do when counselling someone who is emotionally upset. The participants also learn in brief about basic steps in the process of counselling. (See Appendix 6 for summary.)

Also, ask the participants to suggest traditional practices (including rituals, ceremonies and meditation), which are conducted when a person needs emotional and spiritual support.

3. Group role plays to practise counselling: (90 mins) Ask the participants to divide into 5 groups. Give out the role play cards (photocopied and cut out from the following pages). After 10 minutes preparation, each group has 5–8 minutes to present their role play.

After each role play performance, invite comments from different members of the group. How did it feel to play that role? Ask the other participants: "What went well? What did not go well? What suggestions for improvement do you have?"

In the framework of this discussion, ask the participants to reflect on the gender issues in these role plays. What were the particular problems that Deki faced *as a woman* or her husband faced *as a man*? How could they be helped to overcome these problems?

Also, ask the participants to reflect on the importance of confidentiality. Finally, ask them to consider the advantages and disadvantages of someone disclosing their HIV-positive status.

4. Conclusion: (10 mins) Summarize the discussion and main points learned about counselling. Point out that counselling is a skill that needs both training and experience. This session provides just an introduction. Suggest that some of the participants may be interested in exploring follow-up training on counselling skills. This may be done in collaboration with the local health centre, local offices of public health or with support groups for people living with HIV.

Refer again to the Noble Eightfold Path with the Threefold Training: morality, concentration and wisdom. A good life cannot be achieved through the control of and mastery over external factors alone. This must be combined with internal control of people's own inner nature. Counselling can help people to achieve this.

In the last session, the participants will prepare action plans that will seek to address both external and internal factors, to promote individual and community well-being and to overcome the suffering related to HIV and AIDS.

ROLE PLAY ON COUNSELLING

Group 1: Deki (put local name), a school teacher in a small community school, is pregnant with her first child. During a visit to the antenatal clinic she learns that she has tested positive for the HIV antibodies. The news comes as quite a shock, as her husband is the only person she has ever had sexual relations with. She is very depressed and is contemplating suicide. She goes to the temple for quiet reflection. The monks or nuns in the temple see that she is disturbed and ask her about her problems. When they hear of her situation, they give her counselling and advice. One group member takes the role of Deki, while the others take the role of the monks and nuns.

What emotional reactions is Deki experiencing?
How will you counsel her and what advice will you give?

Group 2: Deki's mother-in-law learns of Deki's situation. She is very angry and accuses Deki of bringing shame to her husband and family by having sexual relations with other men. She says that Deki can no longer live in the family house and must leave immediately. The monks and nuns hear of the situation and visit Deki's mother-in-law to counsel her. One group member takes the role of Deki's mother-in-law, while the others take the role of the monks and nuns.

How has Deki's mother-in-law reacted to the news of Deki's HIV infection?
What emotional states is she experiencing?
How will you counsel her and what advice will you give her?
What effect could her behaviour and attitude have on Deki's emotional well-being?

Group 3: Deki wants her husband to be tested for HIV. He flatly refuses, saying that he has never engaged in risk behaviour and accuses her of being unfaithful. In fact, he used to be an injecting drug user, sharing needles with his friends, but he has kept this a secret from his family. The monks and nuns must counsel him and give him education on HIV so that he will agree to a blood test. One group member takes the role of Deki's husband, while the others take the role of the monks and nuns.

What is Deki's husband's reaction to the news that he might be HIV positive?
What is his emotional state?
How can you advise and counsel him?

Group 4: Parents of children at the school where Deki teaches learn of Deki's condition and go to the headmaster threatening to withdraw their children from the school unless he dismisses Deki. The headmaster knows that Deki cannot infect the children but is being pressured by the parents. He goes to the temple for advice. The monks and nuns agree to go to the school to talk to the parents. One group member takes the role of the headmaster, some are representatives of the parents and the rest the monks and nuns.

Do the parents have a correct understanding about HIV transmission?
Can the children get infected if Deki continues to teach there?
Does the headmaster feel the same way as the parents?
What advice can you give to the headmaster and the parents?

Group 5: Some other monks and nuns in the temple hear of what these monks and nuns have been doing and begin to criticise them. They say that HIV and AIDS is a worldly matter and that monks and nuns should not get involved – and that if they do they will bring shame to the temple. The active monks and nuns have to convince them that what they are doing is not incorrect and is, in fact, putting their religious teachings on compassion into practice. Some members of the group take the role of the opposing monks and nuns, while other members take the role of those monks and nuns giving advice. They have to educate the other monks and nuns, change their attitudes and win their support.

Do the other monks and nuns have a correct understanding about HIV and AIDS?
Do they understand their religious responsibility to the community?
What are some teachings from your religion on compassion and care?

SESSION 10: Fourth Noble Truth: *Magga*

Identifying the path leading to the cessation of the suffering related to HIV and AIDS

PURPOSE: To help participants identify ways of collaborating with other community resources to solve HIV-and AIDS-related problems.
To help participants to identify potential obstacles to implementing activities and ways of overcoming such obstacles.

TIME NEEDED: 2 1/2 hours

MATERIALS NEEDED: Flip-chart paper, marker pens, adhesive tape, handouts of pages 24 and 25 (Four Noble Truths to HIV and AIDS).

DESCRIPTION: The participants work in groups to identify activities that monks and nuns can undertake directly or in collaboration with others to help solve problems related to HIV and AIDS.

PREPARING YOURSELF: Ensure that the charts from previous group work are well displayed for participants to refer to.

Process

Warm-up: Blindfold drawing
(optional – See Appendix 9)

1. Introduction: Explain the purpose and method for the session. Tell the participants that they are now considering the Fourth Noble Truth: the path leading to the cessation of suffering related to HIV and AIDS.

2. Group work: (60–80 mins) Invite the participants to form new groups so that they are working in a new area.

The group work consists of two parts. First, ask the participants to refer back to the previous groups' work on problems, causes and community resources. Ask them: "What action can monks and nuns take directly or in collaboration with others individuals or organizations to end the suffering related to HIV and AIDS?"

For example, if the problem for the person living with HIV is an emotional problem, caused by an inability to accept one's status, then the temple and the monks and nuns become the resource

in offering meditation training and counselling. Or, if children of people living with HIV face discrimination from other children, caused by ignorance, then the resource is the school in tackling stigma, with the monks providing guidance and support.

The participants can discuss this question in groups and write up their ideas using the five existing headings: *physical, emotional/mental/ spiritual, economic, social and developmental.* (An example is given on the CD.) Encourage the participants to think creatively. Allow 30 minutes.

In the second part of the group work, ask the participants: "What are some of the problems or obstacles to doing these activities? How could these be overcome?" The groups write their answers on a separate sheet. Allow 25 minutes.

3. Feedback: (45 mins) Invite a representative from each group to present their group's findings. Encourage the others to ask questions and give comments, especially on how feasible the proposed activities appear. After the presentations, promote general discussion, exploring any emerging themes or issues. It may be useful to refer again to the poster on Dependent Origination.

4. Conclusion: Summarize the discussion. Conclude the session by saying that participants have now identified a range of strategies that can help them in developing their action plans. Say that the participants have now finished examining the suffering related to HIV and AIDS through the concepts of the Four Noble Truths. Give out the handouts from pages 24–25 which summarize these ideas.

SESSION 11: Making action plans for *Sangha*-led community-based interventions

PURPOSE: To plan for community-based activities led by the *Sangha*.

TIME NEEDED: 2 1/2 hours

MATERIALS NEEDED: Photocopies of the BLI planning framework – at least 3 for each participant. Large flip-chart paper or cards for group work.

DESCRIPTION: The participants divide into five groups, each group planning activities related to one specific problem. These plans are reviewed by the whole group.

Process

Warm-up: Our shared purpose

(optional – see Appendix 9)

1. Introduction: (15 mins) Explain the objectives for the session. This is the stage when the participants will plan how they can implement their learning from the workshop into their daily lives.

Distribute copies of the planning framework. Explain the meaning of the headings, with a simple, everyday example, such as:

- **Problem:** A man has a bad headache.
- **Causes:** Overwork; too little sleep.
- **Resource persons:** His daughter who can go to the pharmacy.
- **Goal:** To remove the headache.
- **Strategies:** To buy and take medicine to cure the headache; also to reduce workload and get more sleep.
- **Time frame:** Immediate action, with cure achieved in one hour.
- **Budget:** Cost of medicine.
- **Indicators:** The headache is cured.
- **Evaluation:** The man feels well again.

Reflect on how these headings relate to the process by which the Buddha planned for the *Dhamma* to be spread.

- **Problem:** Human suffering.
- **Cause:** Ignorance.
- **Resource persons:** The Buddha identified those who could teach the *Dhamma*, i.e. monks, nuns and supporters.
- **Goal:** To achieve the cessation of suffering.
- **Strategies:** The Buddha established the *Sangha* to go out and teach the *Dhamma* to humankind.

- **Time frame:** The *Sangha* would go out immediately among the people and return each month.
- **Budget:** The monks were to receive donations of food from the people.
- **Indicators:** How many people were becoming followers.
- **Evaluation:** Each full moon, the *Sangha* would meet to review their work.

Now go through the framework, asking the participants to suggest an example for each heading. (For an example see Appendix 7.)

2. Group work: (60–80 mins) Ask the participants to divide into five groups. If appropriate, participants from the same temple or same area may want to work together for this session's planning exercise.

Each group selects one of the following five 'problems' they want to discuss, one group working on each topic:

1. *Spread of the HIV virus*
2. *Discrimination against those living with HIV and AIDS by themselves, their family and community*
3. *Physical, emotional and spiritual illness related to HIV and AIDS*
4. *Impact on children of people with HIV and AIDS*
5. *Impact on affected families and communities*

The participants discuss their topic and complete the framework, developing a version on the flip-chart or using VIPP cards. Encourage the participants to review the various charts around the room showing previous group work.

Remind the participants that not all activities should be done by monks and nuns. Their main task may be to mobilize and coordinate the activities of others in the community.

3. Feedback: (30–40 mins) Invite the groups to present their work to the other participants, encouraging comments and suggestions.

4. Conclusion: Tell the participants that in the next session they will have an opportunity to revise their action plans. Say that all the action plans will be included in the workshop report so that they can consult them on their return. They may decide to work on more than one problem, depending on the needs of their community.

Note: The included CD a more detailed guide to project planning, which may be of use to some participants.

FRAMEWORK FOR ACTION PLANS

Problems & causes	Resource persons	Goal	Strategies	Time frame	Budget	Indicators	Evaluation

SESSION 12: Reviewing action plans, analysing needs, making recommendations

PURPOSE: To revise the group action plans and analyse what they need to implement these plans.
To form joint recommendations.

TIME NEEDED: 2 1/2 hours

MATERIALS NEEDED: Photocopies of the BLI Strategic Framework for each participant.
Large flip-chart paper for group work.

DESCRIPTION: The groups revise their action plans and analyse their needs in terms of resources, training and other support. The participants form joint recommendations.

PREPARING YOURSELF: Consider in advance your own views on what further support is needed and what recommendations could be made. Discuss realistic future opportunities with the other workshop organizers so that you are able to facilitate the discussion effectively.

Process

Warm-up: Blind trust

(optional – see Appendix 9)

1. Introduction: (10 mins) Explain the purpose of the session. If appropriate, show an overhead with the BLI Strategic Framework (first three objectives only). See Appendix 8. This provides an overview of a range of interventions.

2. Group work:

a) Revise action plans: (30 mins) The participants return to their groups to revise their action plans, based on the feedback from the other participants and the ideas in the strategic plan.

b) Assess needs: (30 mins) The groups should discuss what they will need in order to implement their action plans. These needs may in clude for example:

- Further training, e.g. in counselling, in life skills-based education
- Further education on opportunistic infections, their symptoms and the use of traditional medicines to treat the symptoms
- Training in project planning and fundraising
- Materials
- Financial resources
- Publicity through the mass media
- Official directives from the government and Buddhist hierarchy
- Exchange study visits and information sharing

- Coordination and communication
- Their symptoms and the use of traditional medicines to treat the symptoms

The working groups should create a list of resource needs for their proposed action plans and suggest how they can get this support.

3. Feedback: (25 mins) The groups present their list of resource requirements and suggestions for how this support can be gained. Add any other suggestions, including from the list above where appropriate and ask the presenters whether they are needed.

4. Making recommendations: (20 mins) Facilitate a discussion through which the group comes up with joint recommendations to enable the *Sangha* to carry out the most effective HIV-and AIDS-related activities. Write up the agreed recommendations, stating what action is needed from whom. These recommendations will be presented at the closing ceremony.

5. Conclusion and way forward: (15 mins) This marks the end of the working part of the workshop. Thank the participants for all their commitment throughout the workshop. Ask them to nominate two members who will speak at the closing ceremony.

Invite the participants to stand in a circle. Ask each in turn to state their own personal commitment – What do they want to achieve within six months after this workshop?

CLOSING SESSION : Evaluation and closing ceremony

PURPOSE	To use an evaluation process to inform future developments and to get feedback on the training process. To bring the workshop to a motivating conclusion.
TIME NEEDED	2–2 1/2 hours
MATERIALS NEEDED	Grid and sheets for evaluation. Refreshments, etc. for participants and any guests.
DESCRIPTION	A selection of evaluation exercises is followed by a formal closing ceremony.
PREPARING YOURSELF	Plan the closing ceremony well ahead of time with the workshop organizers. Consider whether any guests should be invited for advocacy purposes. Plan the programme and who will speak.

Process

1. Evaluation activities:

A. (20 mins) Display a grid on a flip-chart showing the workshop objectives. Write the objectives down the left side. Put a scale of 1 to 7 on the right side. On a small paper, each participant grades each objective to the extent it has been achieved – from 1 *(not at all)* to 7 *(fully achieved)*. Collect the participants' papers and put the results on the overall grid, marking one dot per participant on the grid next to each objective. Discuss the results.

B. (10 mins) Meanwhile, hand out the simple evaluation sheets. This has three simple questions:

- What went well in the workshop?
- What did not go so well?
- Suggestions for improvement?

C. (10 mins) Bring the participants together in a circle. Ask each in turn to say one or two sentences on the most important thing they have learned in this workshop.

Inform the group that there will be a follow-up evaluation a few months after the workshop to find out what has been most useful to the participants and what they have been able to put into practice.

2. Closing ceremony: Invite the nominated participants to offer some closing remarks. They can summarize the outcomes of the workshop and present the list of recommendations. If guests are invited, one or two may respond. The facilitator offers thanks to all involved. If appropriate, certificates for the completion of the training course are distributed to the participants. A group photograph may be taken, as appropriate. The workshop may close with a ceremony according to local custom.


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APPENDICES

1. Suggested agenda for five-day workshop
2. Suggested agenda for three-day workshop
3. Factual information about HIV and AIDS
4. Questionnaire on facts about HIV and AIDS
5. Children affected by HIV and AIDS
6. A Simple guide to counselling
7. Example of an action plan framework from Bhutan workshop
8. Buddhist Leadership Initiative strategy for action
9. Optional warm-up activities for workshop sessions
10. Resources and contacts

Health is the highest gain.
Contentment is the greatest wealth.
The trusty are the best kinsmen.
Nibbana is the highest bliss.

Dhammapada

APPENDIX 1

Suggested agenda for five-day workshop

(with approximate timings)

Day 1 – morning	**Opening Session:** *1 1/2 hours* Opening ceremony, welcome, introductions and objectives **Session 1:** *2–2 1/2 hours* Identifying Roles: Should monks and nuns be involved in work on HIV and AIDS?
Day 1 – afternoon	**Session 2:** *2 hours* What do we know about HIV and AIDS? **Session 3:** *1 hour* Buddhist teachings of the Four Noble Truths: Presentation and discussion
Day 2 – morning	**Session 4:** *3 hours* First Noble Truth: *Dukkha* – Identifying and analysing the suffering related to HIV and AIDS
Day 2 – afternoon	**Session 5:** *2 1/2 hours* Second Noble Truth: *Samudhaya* – Identifying the causes of the suffering related to HIV and AIDS
Day 3 – morning	**Session 6:** *1 1/2 hours* How can monks and nuns meet community needs in responding to HIV and AIDS? **Session 7:** *2 1/2 hours* Third Noble Truth: *Nirodha* – Identifying community resources working towards the cessation of suffering related to HIV and AIDS
Day 3 – afternoon	**Session 8:** *2 1/2 hours +* Learning from others' experiences: Field trip or visit from a local HIV/AIDS organization and people living with HIV and/or viewing the film: "With Hope and Help"
Day 3 – evening *(optional)*	**Session 9:** *2 1/2 hours +* Counselling people living with and affected by HIV and AIDS – an introduction
Day 4 – morning	**Session 10:** *2 1/2 hours* Fourth Noble Truth: *Magga* – Identifying the path leading to the cessation of suffering related to HIV and AIDS: Ways of collaborating with other community resources
Day 4 – afternoon	**Session 11:** *2 1/2 hours* Making action plans for *Sangha*-led community-based interventions
Day 5 – morning	**Session 12:** *2 1/2 hours* Reviewing action plans and analysing needs for the *Sangha*; formulating recommendations
Day 5 – afternoon	**Closing session:** *2–2 1/2 hours* Evaluation; final reflections; closing ceremony

APPENDIX 2

Suggested agenda for three-day workshop

(with approximate timings)

Day 1 – morning	**Opening Session:** 1 hour Opening ceremony, welcome, introductions and objectives **Session 1:** *2–2 1/2 hours* Identifying roles: Should monks and nuns be involved in work on HIV and AIDS?
Day 1 – afternoon	**Session 2:** *2 hours* What do we know about HIV and AIDS? **Session 3:** *1 hour* Buddhist teachings of the Four Noble Truths: Presentation and discussion
Day 2 – morning	**Session 4:** *3 hours* First Noble Truth: *Dukkha* – Identifying and analysing the suffering related to HIV and AIDS
Day 2 – afternoon	**Session 5:** *2 1/2 hours* Second Noble Truth: *Samudhaya* – Identifying the causes of the suffering related to HIV and AIDS
Day 3 – morning	**Session 6:** *1 1/2 hours* How can monks and nuns meet community needs in responding to HIV and AIDS? **Session 7:** *2 1/2 hours* Third Noble Truth: *Nirodha* – Identifying community resources working towards the cessation of suffering related to HIV and AIDS
Day 3 – afternoon	**Session 10:** 2 1/2 hours Fourth Noble Truth: *Magga* – Identifying the path leading to the cessation of suffering related to HIV and AIDS: Ways of collaborating with other community resources **Closing session:** *1 hour* Evaluation; final reflections; closing ceremony

APPENDIX 3

Factual information about HIV and AIDS

Facts for Life information

People throughout Asia are affected by AIDS (acquired immune deficiency syndrome). The human immunodeficiency virus (HIV) and AIDS are becoming more of a regional crisis every day. In 2005, 8.3 million adults and children were living with HIV/AIDS in Asia and at least 520,000 adults and children had lost their lives to AIDS.

The disease increasingly affects young people. Of all new infections approximately half are among young people between the ages of 15 and 24. Young women are especially vulnerable.

AIDS is caused by the human immunodeficiency virus. HIV damages the body's defences against other diseases. Medication can help people with AIDS live longer, but the disease so far has no vaccine or cure. Prevention is the most effective strategy against the spread of HIV. Every person in every country should know how to avoid getting and spreading the disease.

Condoms can save lives by preventing the sexual transmission of HIV. Access to testing and counselling must be given high priority in every country. Everyone has the right to voluntary and confidential counselling and testing for HIV and the right to be protected from discrimination of any kind related to her or his HIV/AIDS status.

For those living with or affected by HIV/AIDS, care and compassion are needed. Measures should be taken to remove the social, cultural and political barriers that might block access to HIV/AIDS services and programmes.

Key messages on HIV and AIDS

1. AIDS is an incurable but preventable disease. HIV, the virus that causes AIDS, spreads through unprotected sex (intercourse without a condom), transfusions of unscreened blood, contaminated needles and syringes (most often those used for injecting drugs) and from an infected woman to her child during pregnancy, childbirth or breastfeeding.

2. All people, including children, are at risk of HIV infection. Everyone needs information and education about the disease and access to condoms to reduce this risk.

3. Anyone who suspects that he or she might be infected with HIV should contact a health worker or an HIV/AIDS centre to receive confidential counselling and testing.

4. The risk of getting HIV through sex can be reduced if people don't have sex, if they reduce the number of sex partners, if uninfected partners have sex only with each other, or if people have safer sex – sex without penetration or while using a condom. Correct and consistent use of condoms can save lives by preventing the spread of HIV.

5. Girls are especially vulnerable to HIV infection and need support to protect themselves and be protected from sexual abuse and exploitation.

6. Parents and teachers can help young people protect themselves from HIV by talking with them about how to avoid getting and spreading the disease, including the correct and consistent use of male or female condoms.

7. HIV infection can be passed from a mother to her child during pregnancy or childbirth or through breastfeeding. Pregnant women or new mothers who are infected with HIV, or suspect that they are infected, should consult a qualified health worker to seek testing and counselling.

8. HIV can be spread by unsterilized needles or syringes, most often those used for injecting drugs. Used razor blades, knives or tools that cut or pierce the skin also carry some risk of spreading HIV.

9. People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practise safer sex (non-penetrating sex or sex using a condom).

All these messages have supporting information that goes into greater detail. These can be found on the UNICEF website: www.unicef.org. Enter *Facts for Life* into the search box.

Four principles of HIV transmission

Much of the stigma and discrimination associated with HIV and AIDS is due to a lack of understanding on how HIV is and is not transmitted. The ESSE principles explain clearly in what conditions HIV can be transmitted:

Exit – There must be an exit point from the body of an infected person.

Sufficient – The virus must be present in sufficient quantities to transmit. The body fluids that have HIV in sufficient quantities to transmit are semen and vaginal fluids, blood and breast milk.

Survive – The virus must be in conditions where it can survive.

Enter – The virus must have an entry into the bloodstream of an uninfected person.

Example 1: If a child with HIV cuts himself/herself and a person who is helping him/her gets some of him/her blood on their hands, can that person become infected with HIV?

Exit – Is there an EXIT point? Yes, blood exits the body through the cut.

Sufficient – Is there SUFFICIENT quantities of the virus to transmit in blood? Yes, there are sufficient quantities of the virus in blood to transmit HIV.

Survive – Is the virus in conditions where it can SURVIVE? No, HIV could not survive on the skin, especially as the person washes off the blood with soap and water.

Enter – Is there an ENTRY point? No, there is no entry point. The virus cannot enter another person's blood stream through the skin.

Conclusion The four conditions are not present, so the virus cannot be transmitted.

Note: The Australian hospital protocol for blood on the skin of health care workers is to wash it off with soap and water.

Example 2: Can the virus be spread to a woman through sexual intercourse with an HIV-positive man?

Exit – Is there an EXIT point? Yes, the virus can exit from the penis of the man.

Sufficient – Is there SUFFICIENT quantities of the virus to transmit in semen?

Yes

Survive – Is the virus in conditions where it can SURVIVE?

Yes, the virus will survive in the vaginal passage.

Enter – Is there an ENTRY point?

Yes, the virus can enter the woman's blood stream through breaks in the mucous membranes of the vaginal passage.

Conclusion The four conditions are present, so the virus can be transmitted.

APPENDIX 4

Questionnaire on facts about HIV and AIDS

(To be used at the beginning of Session 2)

	Yes	No
1. Can the risk of HIV transmission be reduced by having sex with only one faithful uninfected partner?	❑	❑
2. Can the risk of HIV transmission be reduced by using condoms?	❑	❑
3. Can a healthy-looking person have an HIV infection?	❑	❑
4. Can a person get the HIV infection from mosquito bites?	❑	❑
5. Can a person get the HIV infection by sharing a meal with someone who is infected?	❑	❑
6. Can a person get the HIV infection from sharing unsterilized needles or syringes used for injecting drugs?	❑	❑
7. Is there a difference between HIV and AIDS?	yes	no

8. Can you explain what the difference is?

....

9. What should people do if they suspect they might be infected with HIV?

....

10. What do people living with HIV and AIDS need? (list up to five needs)

....

....

....

....

APPENDIX 5

Children affectd by HIV and AIDS

Framework for protection, care and support of orphans and vulnerable children

Many religious leaders are concerned about the plight of children infected with the HIV virus or living with AIDS as well as those children who have lost one or both parents to AIDS. There are many different things religious leaders can do to help these children. Over the years, many religious leaders and agencies who care for children have found that some ways of supporting children in this situation are better than others. In 2004, UNICEF and other agencies published The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, based on lessons learned over many years. It considers families and communities as the foundation of an effective, scaled-up response. In addition, the framework recommends that interventions that result from it be directed to all vulnerable children and the communities in which they reside, and integrated into other programmes to promote child welfare and reduce poverty. Targeting children living with HIV or AIDS, or orphaned as a result of it, will only serve to exacerbate the stigma against them.

The specific mix of activities to be implemented will depend on local needs, capacities and priorities. However, there is a growing consensus that education is pivotal in improving the lives and future prospects of orphans and those made vulnerable by HIV and AIDS. Access to essential services also includes equitable access for children, parents and carers to life-prolonging therapy with ARVs.

THE FRAMEWORK'S KEY STRATEGIES

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilize and support community-based responses.
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

WHAT ABOUT ORPHANAGES?

While building more orphanages, children's villages or other group residential facilities would seem a possible response to caring for the growing number of orphans, this strategy is not a viable solution.

Care provided in institutional settings often fails to meet the developmental and long-term needs of children. Children need more than good physical care. They need the affection, attention, security and social connections that families and communities can provide. Countries with long-term experience with institutional care for children have seen the problems that emerge as children grow into young adults and have difficulty reintegrating into society. In Ethiopia, Rwanda and Uganda, for example, evaluations of children's long-term stays in orphanages led these governments to adopt policies of de-institutionalization and support for family-based care.

Orphanages are more expensive to maintain than providing direct assistance to existing family and community structures. Institutional care would be prohibitively expensive for the vast majority of countries. The annual cost per child tends to be from US$500 upwards in Africa. Research by the World Bank in the United Republic of Tanzania, for example, found that institutional care was about six times more expensive than foster care. Cost comparisons conducted in Uganda showed the ratio of operating costs for an orphanage to be 14 times higher than those for community care. Other studies have found a ratio of 1:20 or even up to 1:100 (Children on the Brink, 2002).

The magnitude of the number of children being orphaned due to AIDS is so large that an institutional response – besides not being in the best interests of the child – will never be the answer. Orphanages for more than 14 million orphans simply cannot be built and sustained

(Extract from The Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS, July 2004, UNICEF and others)

Issues of child protection

Any work with children must address child protection concerns. Children are vulnerable to abuse, whether physical, emotional, mental or sexual. Girls, in particular, are at risk of abuse in cultures where girls are socialized to be more submissive. All children have the right to be protected from such abuse.

It is necessary to raise awareness about these issues, present in all societies but often hidden and not spoken about. Organizations, schools and communities may find it uncomfortable talking about issues of child abuse, but it happens, and those working with children need to take all possible steps to protect the children involved in their activities. By raising awareness of these issues, monks and nuns can help to create a family and community environment that protects and supports children, including keeping them safe from abuse leading to HIV infection.

While adults need to be aware of their responsibilities, children and young people also need to know their right to be free and protected from abuse. Discuss the issues with them, talking about how they can identify risks and how they can help to keep themselves and others safe. Ensure that they have identified a trusted adult to whom they can talk confidentially about any fears or actual cases of abuse.

Those working with children should also discuss and agree on standards for issues such as confidentiality, safety and getting informed consent from parents and guardians for children's participation in activities.

APPENDIX 6

A simple guide to counselling

Who needs counselling?

It is not only the person infected with HIV who suffers emotionally but also the person's family and the community. The suffering experienced by the family and community can have an impact on the emotional well-being of the person infected, which can in turn have an impact on the person's physical well-being. Care, then, should be divided into three categories:

1. Caring for people infected with HIV or living with AIDS;
2. Caring for families of people infected with HIV or living with AIDS; and
3. Caring for communities affected by HIV and AIDS.

Caring for people living with HIV or AIDS

Caring for people infected with HIV should commence from the time the person learns that he or she has contracted the virus. It should not be postponed until the person becomes symptomatic with HIV-related sickness.

Emotional support and care

In the first stage, infection, the person does not yet display any symptoms but is emotionally disturbed, so emotional care and support is more important than physical care, though physical care should not be ignored. On learning that he/she is infected with HIV, the person generally experiences a variety of emotional reactions. At this stage, the person needs emotional care and support to help calm and strengthen the mind.

Monks and nuns can be of great help at this stage by providing *Dhamma*-based counseling and meditation training (*samatha kammatthana*). The Buddha himself meditated on the *Bojjhangas* as a way to overcome stress and anxiety arising from physical discomfort. The seven ***Bojjhangas*** are:

1. ***Sati:*** mindfulness
2. ***Dhammavicaya:*** truth investigation
3. ***Viriya:*** effort; energy
4. ***Piti:*** zest
5. ***Passaddhi:*** tranquility, calmness
6. ***Samadhi:*** concentration
7. ***Upekkha:*** equanimity

With a calm and peaceful mind, and someone to share anxieties with, the person will feel emotionally better and more able to accept the truth of infection. With the acceptance of truth comes confidence and a greater willingness to maintain good health, enabling the person to live with HIV rather than die because of AIDS.

Emotional states

The emotional states experienced by people infected with HIV are given below. One example is given of the signs and causes of these emotional states and how to treat them. Treating these mental symptoms is treating the four mental aggregates, which is tantamount to treating 80 per cent of the person.

1. Shock
2. Denial
3. Anger
4. Bargaining
5. Fear
6. Loneliness
7. Shame
8. Depression
9. Suicidal thoughts
10. Acceptance
11. Hope
12. Final stage
13. Approaching death

It is not necessary that all people experience all these emotional states or experience them in the order given. Some may experience two or more emotions at the same time. For example, one person may experience shock and denial together, while another may experience a combination of loneliness, shame and depression at the same time.

Example of how to treat one of these emotional states

1. Shock – This normally occurs immediately after a person learns that he or she has tested positive for HIV. The condition can remain for a few minutes or several hours. Generally, the person who gives the results of the blood test will be a trained counsellor and can provide advice or counselling.

Outward behaviour: The person will remain silent and show signs of confusion. The mind will wander and he/she will appear to be in a dream- like state. He/she will seem dumbfounded and unable to speak. An expression of shock appears on the face and in some cases, they might faint. They will begin to perspire, particularly in the hands and feet. They will feel weak.

Possible causes: They probably hadn't thought that they might be infected with HIV or had not anticipated a positive reading. They had not had time to gather their feelings or think about possible problems that might follow.

What to do:

- Remain silent for a moment so that the person can come to terms with his/her emotions.
- Try to reduce anything that might be disturbing, such as turning on a radio or asking people in an adjoining room to speak more softly.
- Try to maintain eye contact with the person and reassure them through your behaviour that you are there to support them, even if conversation has not yet commenced.
- If the person remains silent for an unusually long time, try to make gentle, physical contact, such as taking his/her hand into yours to help bring them back to the present. Or maybe you can gently ask, "How do you feel?" This will enable the person to express feelings and open the way for gentle conversation.
- Reassure the person that you understand how they are feeling without supporting those feelings. For example, you can say something like, "I know you are probably feeling somewhat shocked or afraid. Most people feel the same way when they learn that they have tested positive for HIV."
- Try to focus on the present, the here and now. Be aware of what is happening at the moment. For example, ask specific questions about how they are feeling or what they are thinking at that moment.
- Give the person time to show their feelings. Give them an opportunity to talk about their emotions. Give them the opportunity to cry, for example.

What not to do:

- Don't be too quick to pacify them or give them advice while they are still in a state of confusion.
- Don't rush them into accepting the results of their blood test.
- Don't show indifference or lack of interest.

Basic steps in the process of counselling

These are the basic practical steps to be taken when counselling someone:

- Making an appointment
- Preparing the counselling room
- Preparing oneself
- Greeting the person
- Discussing confidentiality
- Asking effective questions
- Listening actively
- Giving reassurance
- Ending the session
- Making future appointments

The above information is drawn from a manual on Caring for People with HIV and AIDS, written by Sangha Metta in Thailand for the Regional Buddhist Leadership Initiative.

Good counselling skills require training and experience. Find out what training opportunities exist.

APPENDIX 7

Example of action plan framework from Bhutan workshop

Problems & causes	Resource persons	Goal	Strategies	Time frame	Budget	Indicators	Evaluation
Discrimination against those living with HIV and AIDS **a) self-segregation** **b) family & community segregation** **c) ignorance on HIV transmission** **d) ignorance on self-and home- based care**	Monks, nuns, volunteers, heath workers, teachers	a) To integrate persons living with HIV or AIDS into all community activities b) To raise level of understand-ing about HIV in the community c) To win family and community acceptance of persons living with HIV or AIDS	a) Educate community on HIV and AIDS b) Make home visits and eat with persons living with HIV or AIDS c) Give sermons on compassion	3 months	For transport for home visits For food and gifts as moral support	Greater self-acceptance by persons living with HIV or AIDS Family and community acceptance	Monthly, based on home visits for observation, interviews and questionnaires

APPENDIX 8

Buddhist Leadership Initiative strategy for action

Project Goal
To maximize the effectiveness of the Buddhist *Sangha* in reducing the impact of the HIV epidemic in the region.

Objective 1:
To reduce stigma and discrimination and promote compassion for people living with HIV and AIDS.

Output 1.1: A planning meeting by the *Sangha* to develop activities to promote compassion.

Output 1.2: Buddhist teachings on tolerance and compassion adapted for specific HIV focus and distributed through temples.

Output 1.3: Campaign to promote compassion delivered through: Temple-based poster, song and poetry competitions, or mass media – press, radio & TV.

Output 1.4: Non-discriminatory attitudes and practices promoted by *Sangha*.

Output 1.5: Increased efforts by *Sangha* to develop direct contact with people with HIV.

Output 1.6: *Sangha* work through temple committees and with local government and NGO partners to mobilize activities.

Objective 2:
To improve the level of physical, emotional and spiritual care and support for people living with HIV and AIDS.

Output 2.1: Counselling services implemented by participating *Sangha*.

Output 2.2: *Sangha* home visiting programme to benefit HIV-positive people developed.

Output 2.3: Reciprocal referral programme developed between monks and the health sector for people with HIV.

Output 2.4: A programme of temple-based activities developed to benefit people with HIV and their families – such as income generation and self-help groups.

Output 2.5: Range of services offered by monks in response to HIV increased, such as meditation classes, blessing ceremonies, offering banks.

Output 2.6: *Sangha* mobilize other support through temple committees and with local government and NGO partners.

Objective 3:
To prevent HIV transmission through education and by building strong communities.

Output 3.1: Youth and community education materials, such as Buddhist lifeskills developed for use by *Sangha*.

Output 3.2: Youth and community HIV prevention education by *Sangha*.

Output 3.3: Temple-based activities that promote HIV resilience developed and promoted by the *Sangha*, such as temple youth groups, cultural or vocational youth activities.

Output 3.4: Monks actively engaged with the community in addressing problems like HIV, alcohol and drug use.

Output 3.5: Programmes with a specific youth focus developed and implemented by the *Sangha*.

Output 3.6: *Sangha* mobilize other activities through temple committees and with local government and NGO partners.

The above is a menu of suggestions. Monks and nuns in each country can choose those that are appropriate and can add to them, guided by their specific context and capacities. It was designed in consultation with Buddhist leaders as part of UNICEF’s Regional Strategy, Monitoring and Evaluation Framework for the Buddhist Leadership Initiative.

APPENDIX 9

Optional warm-up activities for workshop sessions

Session 2: **Circle whispers – communication game**
Time: 5 minutes
Objective: To introduce the idea of communication gaps and the importance of conveying correct information on HIV and AIDS.
Materials: None

Participants sit in a circle. Think of an amusing phrase, like, "Fuli's favourite food is fresh fried fish," or any similar phrase containing similarly-sounding words. Whisper the phrase quietly to the person next to you. Ask him or her to whisper it quietly to the next person. Do not repeat, even if the person has not heard it fully. The phrase is passed around the whole circle. The last person in the circle then tells the whole group what she/he heard. Compare this to the original phrase.

Afterwards, ask about the purpose of this game. It is a communication activity that helps us to understand how easy it is for information to get confused. This is how some misunderstandings about HIV and AIDS have arisen.

Session 4: **Connecting with childhood – Fish bowl circles**
Time: 10 minutes
Objective: To help participants to start reflecting on their own childhood experience, so to help them to be more empathetic to others' experiences now in facing HIV and AIDS.
Materials: None

Ask the participants to form an inner and an outer circle of equal numbers of people. While playing music or clapping hands, ask the two circles to rotate in opposite directions. When the music stops, each participant from the inner circle turns to face the participant opposite them from the outer circle. For two minutes they discuss what made them most happy as a child. Then the circles rotate and stop again, so that each participant finds a new partner to talk with. This is repeated three times.

Session 5: **The 'But Why?' game**
Time: 10 minutes
Objective: To introduce the idea of looking ever deeper into the root causes of suffering, finding chains of causality.
Materials: Ball of string

Invite the participants to sit in a circle. You hold a ball of string and say: "This is a story about a girl called Maya who lived with her poor mother in a city. One day Maya became an orphan." Then ask the group: "But why did Maya become an orphan?" Throw the ball of string to the first participant who raises a hand, keeping hold of one end yourself. The participant then answers. (e.g. "Because her mother died.") Then you ask: "But why did her mother die?" The first participant keeps hold of a bit of string while throwing the ball to the next responder. This process continues until you feel that you have reached a root cause (no more than 5 minutes!). See how many causes have been found. Finish the exercise by noting that all suffering has causes – usually a web of causes, such as, what the group has made with the string.

Session 9: **Listening game**
Time: 20 minutes
Objective: To develop listening skills, which are key to effective communication and counselling.
Materials: Role cards for participants playing 'listener' role

Ask the participants to sit in groups of 3. Each group

has one listener, one speaker and one observer. The participants decide which role they will take. First ask the speakers to think about the following question: "What is the most important decision you will take in the next five years?"

Meanwhile, give the listeners role cards, which give them a style of listening. Only they see the card. Examples of listener role cards include:

- Listen closely and ask questions gently to help understanding
- Interrupt often to change the subject
- Look bored
- Look interested and concerned, asking questions if necessary
- Start talking about yourself
- Give advice you were not asked for
- Listen supportively, showing you care
- Look around the room, not at the speaker

Give the speakers two minutes to speak about their subject. The listeners follow their role card. The observer observes. Afterwards get feedback from each group, first asking the speaker how they felt, then the observer, and finally asking the listener to reveal their role cards. Conclude by emphasizing how important good listening skills are in counselling.

Session 10: Blindfold drawing
Time: 10 minutes
Objective: To raise awareness of the need for trust and cooperation.
Materials: One blindfold for each group. Large paper and marker pens

Ask the participants to form groups of six. Each group has a large sheet of paper, one marker pen and a blindfold. Tell the groups that they are going to help each other to draw a picture. The first group member is blindfolded and then asked to draw a hill. His or her group members can give guidance but they cannot touch the person drawing. Then the next member is blindfolded and adds to the picture and so on... The order of drawings are: hill, river at bottom of hill, boat on river, boy in boat, fishing rod held by boy, fish on fishing rod. At the end, ask the participants what they think is the purpose of the game – i.e. trust and cooperation. Link this to the following exercise, which examines how monks and nuns can collaborate with other organizations and individuals to address the problems related to HIV and AIDS.

Session 11: Our shared purpose
Time: 10 minutes
Objective: To build a common sense of purpose for the groups leading into their action planning process.
Materials: None

Invite the participants to divide into five groups. If appropriate, participants from the same temple or same area may want to work together for this session's planning exercise.

Ask the groups to go outside and find an object that they feel is a symbol of their group's purpose (e.g. a rock could symbolize their solid commitment to action). They should return in five minutes. Ask them to place their object in the centre of the room and in turn, explain why they chose it. This exercise builds a sense of common purpose in the group.

Session 12: Blind trust
Time: 10 minutes
Objective: To demonstrate the value of trust and team work.
Materials: Blindfolds for half the participants

Invite the participants to form groups of three. One person is selected to be blindfolded and another as the leader who will guide the blindfolded person, using verbal instructions only, to go from point A to point B. The partner can only assist to make sure the person does not bump into anything. The third observes the communication between the other two. When the walk is completed, change roles and repeat the exercise using a different route.

Afterwards, reflect on the meaning of the game and what was observed or experienced. The game demonstrates the value of trust and teamwork. In implementing their action plans, the participants will also need to ask for and rely on the support of others.

APPENDIX 10

Resources and contacts

Main resources

A Study of the Sangha Metta Project, Ken Kampe, UNICEF Office for Thailand, 2004

Strategy Monitoring and Evaluation Framework, Buddhist Leadership Initiative, UNICEF East Asia and the Pacific Regional Office, 2003

The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, UNICEF and others, 2004

What Religious Leaders Can Do About HIV/AIDS, Action for Children and Young People, UNICEF New York,2004
(Downloadable from http://www.unicef.org/publications/index_19024.html)

http://www.buddhanet.net/hospices.htm
This is a listing of Buddhist AIDS organisations on the site of Australian non-profit organization Buddha Dharma Education Association Inc (www.buddhanet.org)
The Buddhanet site has a lot of free educational resources for teaching Dhamma to children.

http://www.dharmagames.org
This website is devoted to presenting the Buddha's teachings via the medium of computer games. Anyone may access this site to learn about Buddhism via games.

International faith-based organizations

Asian Interfaith Network on HIV Aids (AINA)
100/1 Rattanakosin Road, Doi Saket Khao
Tambol Watkhet, Amphur Maung
Chiang Mai 50000, Thailand
E-mail: ainaasia@yahoo.com

CORE Initiative
888 17th St., NW, Suite 310
Washington, DC 20006, USA
Tel: 1-202-861-2673
Fax: 1-202-861-0398
E-mail: info@coreinitiative.org
http://www.coreinitiative.org/index.php

Council of Religious AIDS Networks
PO Box 4188
East Lansing, MI 48826-4188, USA
E-mail: info@aidsfaith.com
http://www.aidsfaith.com/
Key Resources: *AIDS Ministry Handbook – A Resource Guide for Faith Communities and AIDS Ministries; Interfaith Worship Resources – Technical Assistance from the Council of Religious AIDS Networks*

Ecumenical Advocacy Alliance
150 route de Ferney
PO Box 2100
CH-1211 Geneva 2, Switzerland
http://www.e-alliance.ch/
Key Resources: information on the HIV/AIDS Global Poster Competition against stigma and discrimination

World Council of Churches
150 route de Ferney,
P.O. Box 2100, 1211
Geneva 2, Switzerland
http://www.wcc-coe.org/wcc/news/press/99/34pu.html

World Conference of Religions for Peace
777 United Nations Plaza
New York, NY 10017, USA
Tel: 1-212-687-2163
Fax: 1-212-983-0566
E-mail: info@wcrp.org
Website: http://www.religionsforpeace.org
Key Resources: *'Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children',* 2003

Other key agencies

Policy Project
Futures Group (Washington, DC)
1050 17th Street, NW, Suite 1000
Washington, DC 20036, USA
Telephone: 1-202-775-9680
Fax: 1-202-775-9694/9698
http://www.policyproject.com/
Key Resources: *Faith in Action – A United Response to HIV/AIDS; Strengthening Faith-based Responses to HIV/AIDS: A Policy Factsheet*

Sangha Metta Project
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47/30 Mu Baan Daen Tawan Nua
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Chiang Mai 50200, THAILAND
Tel/Fax: (66 53) 278 551
Mobile: (66 53) 7187 3212
Email: lauriejm@gmail.com

UNICEF
HIV/AIDS Section
UNICEF EAPRO
19 Pra Atit Road
Bangkok 10200, Thailand
Email: eapro@unicef.org
www.unicef.org

UNICEF works with national governments, national Buddhist associations and/or key pagodas/temples to support the Buddhist Leadership Initiative in Cambodia, China, Lao PDR, Mongolia, Myanmar, Thailand and Viet Nam. Contact the UNICEF office in your country for contact details of lead agencies.

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UNITE AGAINST AIDS